

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004109 (4)

1. Corporation Name

THE JOHN E. FETZER INSTITUTE, INC.



Principal Place of Business

9292 WEST KL AVENUE
KALAMAZOO MI 49009

Mailing Address

9292 WEST KL AVENUE
KALAMAZOO MI 49009

3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S.D. ☐ DELETE
NAME CLAFLIN, JANIS A
STREET ADDRESS 1301 S. CAPITAL OF TEXAS HWY SUITE B-128
CITY-ST-ZIP AUSTIN TX 78746

TITLE T.D. ☐ DELETE
NAME FETZER, BRUCE F
STREET ADDRESS 1240 WEST VW AVE/ PO BOX 117
CITY-ST-ZIP VICKSBURG MI 49097

TITLE CEOPD ☐ DELETE
NAME LEHMAN, ROBERT F
STREET ADDRESS 9292 WEST KL AVENUE
CITY-ST-ZIP KALAMAZOO MI 49009

TITLE C.D. ☐ DELETE
NAME WALETZKY, JEREMY P MD
STREET ADDRESS 1919 PENNSYLVANIA AVENUE, SUITE 300
CITY-ST-ZIP WASHINGTON DC 20006

TITLE T ☒ DELETE
NAME WHITSON, JUDITH S
STREET ADDRESS 6 VENADO DRIVE
CITY-ST-ZIP TIBURON CA 94920-2432

TITLE T ☐ DELETE
NAME FRANKLIN, WINSTON O
STREET ADDRESS 475 GATE FIVE ROAD, SUITE 300
CITY-ST-ZIP SAUSALITO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christina M. Adams, Assistant Treasurer

4-26-96

616-375-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)