

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004109 (4)**

1. Corporation Name

**THE JOHN E. FETZER INSTITUTE, INC.**



Principal Place of Business <b>9292 WEST KL AVENUE KALAMAZOO MI 49009</b>	Mailing Address <b>9292 WEST KL AVENUE KALAMAZOO MI 49009-8340</b>
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3. Date Incorporated or Qualified <b>08/08/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>38-6052788</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAFUN, JANIS A</b>	1.2 NAME	
STREET ADDRESS	<b>1301 S. CAPITAL OF TEXAS HWY SUITE B-128</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUSTIN TX 78748</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FETZER, BRUCE F</b>	2.2 NAME	
STREET ADDRESS	<b>1240 WEST VW AVE/ PO BOX 117</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VICKSBURG MI 49097</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEHMAN, ROBERT F</b>	3.2 NAME	
STREET ADDRESS	<b>9292 WEST KL AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KALAMAZOO MI 49009</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALETZKY, JEREMY P</b>	4.2 NAME	
STREET ADDRESS	<b>1919 PENNSYLVANIA AVE, SUITE 300</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20006</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, WINSTON O</b>	5.2 NAME	
STREET ADDRESS	<b>475 GATE FIVE ROAD, SUITE 300</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAUSALITO CA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Vaughan, Frances</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>4415 Paradise Dr</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Tiburon CA 94920</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Christine M Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-17-97**

Date

**616-375-2000**

Daytime Phone #

**0075976**

CR2E037 (9/96)