

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000611

FILED
Apr 02, 2007
Secretary of State

Entity Name: THE MENNONITE FOUNDATION INC

Current Principal Place of Business:

1110 NORTH MAIN ST.
GOSHEN, IN 46528

New Principal Place of Business:

Current Mailing Address:

PO BOX 483
GOSEN, IN 46527

New Mailing Address:

FEI Number: 35-6031936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, H. GREG
2014 4TH ST.
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURKEY, JOHN
Address: ROUTE 1, BOX 35C
City-St-Zip: MILFORD, NE 68405

Title: P () Delete
Name: GARBODEN, STEVE
Address: 1110 N MAIN ST
City-St-Zip: GOSHEN, IN 46528

Title: D () Delete
Name: DUERKSEN, CAROL L
Address: 325 140TH ROAD
City-St-Zip: HILLSBORO, KS 67063

Title: S () Delete
Name: SOMMERS, KARL C
Address: 850 WALDEN LANE
City-St-Zip: GOSHEN, IN 46526

Title: T () Delete
Name: LIECHTY, JOHN
Address: 1403 ASHTON COURT
City-St-Zip: GOSHEN, IN 46526

Title: ASST (X) Delete
Name: ZIMMERMAN, PHILIP R
Address: 1110 N MAIN ST
City-St-Zip: GOSHEN, IN 46528 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, LARRY D
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: VP (X) Change () Addition
Name: GARBODEN, STEVE
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: S (X) Change () Addition
Name: SOMMERS, KARL C
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: T (X) Change () Addition
Name: LIECHTY, JOHN L
Address: PO BOX 483
City-St-Zip: GOSHEN, IN 46527

Title: D (X) Change () Addition
Name: YODER, ARLAN R
Address: 112 PARK ROAD
City-St-Zip: HESSTON, KS 67062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL C. SOMMERS

S

04/02/2007

Electronic Signature of Signing Officer or Director

Date