

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000611

FILED  
Feb 18, 2009  
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: P ( ) Delete  
Name: MILLER, LARRY D  
Address: PO BOX 483  
City-St-Zip: GOSHEN, IN 46527

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: ALVAREZ, JAIME E  
Address: PO BOX 483  
City-St-Zip: GOSHEN, IN 46527

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

Title: D (X) Change ( ) Addition  
Name: YUTZY, LAVERN  
Address: 219 AUDREY DRIVE  
City-St-Zip: LITITZ, PA 17543

I hereby certify that the information supplied with this filing does not qualify 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: LINDA L. BROCK

ASST

02/18/2009

Electronic Signature of Signing Officer or Director

Date