

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000000611

**FILED**  
**Apr 11, 2012**  
**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  
Name: MILLER, LARRY D  
Address: PO BOX 483  
City-St-Zip: GOSHEN, IN 46527

Title: VP  
Name: DILLER, ROD D  
Address: PO BOX 483  
City-St-Zip: GOSHEN, IN 46527

Title: S  
Name: ALVAREZ, JAIME E  
Address: PO BOX 483  
City-St-Zip: GOSHEN, IN 46527

Title: T  
Name: CLAASSEN, MELVIN  
Address: PO BOX 483  
City-St-Zip: GOSHEN, IN 46527

Title: D  
Name: GAUTSCHE, DAVID  
Address: PO BOX 483  
City-St-Zip: GOSHEN, IN 46527

I hereby 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 all other like empowered.

SIGNATURE: JAIME ALVAREZ

SEC

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date