

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002282

**FILED**  
**Apr 09, 2020**  
**Secretary of State**  
**8520360754CC**

**Entity Name:** THE FREE METHODIST FOUNDATION, INC.

**Current Principal Place of Business:**

8050 SPRING ARBOR ROAD  
SPRING ARBOR, MI 49283

**Current Mailing Address:**

P.O. BOX 580  
SPRING ARBOR, MI 49283

**FEI Number:** 73-1317073

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONKLIN, THOMAS  
442 S TAMIAMI TRAIL  
OSPREY, FL 34229 US

*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:** THOMAS CONKLIN

04/09/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           KURTZ, DANIEL A  
Address        3551 TIMBER LANE DRIVE  
City-State-Zip: JACKSON MI 49203

Title           DIRECTOR  
Name           MOSES, VICTOR C  
Address        1521 SECOND AVE  
                  APT 2304  
City-State-Zip: SEATTLE WA 98101

Title           PRESIDENT  
Name           KEENE, GENE E  
Address        7200 SANCTUARY DRIVE  
City-State-Zip: JACKSON MI 49201

Title           SECRETARY, VC  
Name           TOY, CHARLES R  
Address        5023 RIVER RIDGE DRIVE  
City-State-Zip: LANSING MI 48917

Title           DIRECTOR  
Name           WHITEHEAD, MATTHEW H  
Address        19719 15TH AVE NW  
City-State-Zip: SHORELINE WA 98177-2731

Title           CHAIRMAN  
Name           GOODNIGHT, DAVID  
Address        4911 228TH SE  
City-State-Zip: BOTHELL WA 98021

Title           DIRECTOR  
Name           GANTON, LLOYD  
Address        7373 CARTER RD  
City-State-Zip: SPRING ARBOR MI 49283

Title           DIRECTOR  
Name           ROBERTS, LARRY  
Address        7619 BALLINSHIRE N  
City-State-Zip: INDIANAPOLIS IN 46254

**Continues on page 2**

*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:** DANIEL A. KURTZ

**TREASURER**

04/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CHAN, KWOK CHEUNG  
Address 3511 SECOND AVE  
City-State-Zip: SPRING ARBOR MI 49283

Title DIRECTOR  
Name COLLINS, EVAN  
Address 302 ALSTON RD  
City-State-Zip: SANTA BARBARA CA 93108

Title VP  
Name OLSON, MARK  
Address 3530 AUDREY ST  
City-State-Zip: SPRING ARBOR MI 49283

Title DIRECTOR  
Name CROTHERS, WILLIAM  
Address 241 SQUIRE LANE  
City-State-Zip: LIMA OH 45805