

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002282

**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:**

LEHMAN, MARGE  
5421 SHARON TRAIL  
LAKELAND, FL 33810 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:** \_\_\_\_\_

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           CHAIRMAN  
Name           CROTHERS, WILLIAM C  
Address        12405 E. POTTER RD  
City-State-Zip: DAVISON MI 48423

Title           DIRECTOR  
Name           KILLINGER, PAUL R  
Address        611 W. SUVANNA CT.  
City-State-Zip: DUNLAP IL 61525

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

Title           DIRECTOR  
Name           POTEAT, GWENDOLYN M  
Address        100 THREE OAKS DRIVE  
City-State-Zip: MIDWEST CITY OK 73130

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

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*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**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            THOMAS, MATTHEW A  
Address        16926 N. SANDS RD  
City-State-Zip: MEAD WA 99021