

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002282

FILED
Apr 11, 2017
Secretary of State
CC2383328895

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

04/11/2017

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

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

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

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

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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

VP / CFO

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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