



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 01/31/2021

| Return completed form within 30 day | tc |
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Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

| Annual Report: No filing for  | ee if received by the due date.                     | Phone: (208) 334-2300                               | 07/            |
|---|---|---|----------------|
| SOS Control Number: 48546   | Filing Status: Active-Good Sta                      | <u>■</u>  | )<br>2<br>2    |
| Non-Profit Corporation (D)  | Date Formed: 01/11/1917                             | Formation Locale: ID                                | <u> </u>       |
| Name and Mailing Address: MENNONITE CHURCH OF FILER PO BOX 157                        | (1)   | Add or Change Mailing Address:                      | 9:37           |
| FILER, ID 83328-0157  |   |   | AM             |
| Registered Agent (RA) and Regist<br>DON R. SCHULTZ<br>808 W 6TH ST<br>FILER, ID 83328 | tered Office (RO) Address: (2)                      | Change RA and/or RO Address:                        | Received       |
|   | Registered Office address must be a physical lo     | daho address (no postal box).                       | ь<br>Г         |
| (3) New Registered Agent (RA) Signal  | gnature:  | shove the new agent must supplier to accept the a   |                |
| (4) Corporations: Enter names and husines   | s addresses (with zip code) of the President, Vice  | above, the new agent must sign here to accept the a | Pointinent.  O |
| Title Name  | Business Address                                    | City, State, Zip                                    | <del></del>    |
| President Wade Mille  |   |   | <del>~ 0</del> |
| Secretary Floyd Mills   | 1) 0,   |   | * **           |
| Treasurer Don R. Sch  |   |   | <del>' '</del> |
|   | 10 (3 )   |   |                |
| (5) Board of Directors names and business   | addresses (with zip code). Attach additional sheet  | if necessary.                                       | — <del></del>  |
| Name  | Business Address                                    | City, State, Zip                                    | Ø              |
| Andrew Hooley   | 1095+hStreet, PO.Box                                | (157 Filer ID 8332                                  | - 4            |
| Dan Nafziger  | 109 5th Street P.O. Bo                              |   | χ <del>μ</del> |
| Gary Eichelberger   | 1095th Street PO.Bu                                 | x 157 Filer ID 8332                                 | 8 0            |
|   |   |   | <u></u>        |
|   |   |   | 2              |
|   |   |   | <u> </u>       |
|   |   |   | <del> </del>   |
| (5) Signature: Don R. S. Su   | Ût (6)  | Date: 1-4-2021                                      | n ce           |
| (7) Type/Print Name: Don R. Sc  | hultz (8)   | Title: Treasurer                                    | D              |
| Instructions: Legibly complete the form ab  | pove. Sign and date this form and return to the add | dress provided above.                               | nn             |