BCS/CD-2000 (04/07)

## MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH NONPROFIT CORPORATION INFORMATION UPDATE



## 2007

Due Octobe	r 1, 200	7 File Online at v	www.michigan.gov/fileonli	ne	
Identification Nur	mber	Corporation name			
771086 HARTFORD MEMORIAL B			L BAPTIST CHURCH OF DETR		
			1.00	PECEIVE OCT 1 2007 \$20 Dept. of LEG	- column of
The second secon		ailing address of the registered	d.office	AEO.	
		S G. ADAMS		CEN	
		COUZENS DR.		OCT V	Sn
DETRO	DIT MI 4	8235	94	201 1200	···
				OBDI -UD	
			FILED	01/2	
				~CG	
The address of the	ne reaistere	d office	OCT 2 4 2007		
	-	OUZENS DR.	hu Department		
	IT MI 48		by Department Bureau of Commercial Services		
To certify	v there are	no changes from your pre	vious filing check this box and proce	eed to Item 6. If the reside	ent agent and/or
registere	d office ha	s changed complete Items	1-6. If only officer and director info	rmation has changed com	plete Items 4-8.
Mailing address	ss of regist	ered office in Michigan (may b	oe a P.O. Box)	2. Resident	Agent
				drama of the registered office	1
<ol><li>The address of</li></ol>					2)
	of the regist	ered office in Michigan (a P.C	D. Box may not be designated as the add	aress or the registered office	*
	of the regist	ered office in Michigan (a P.C	Box may not be designated as the add	aress of the registered office	,
	or the regist	ered office in Michigan (a P.C	Box may not be designated as the add	aress of the registered office	,
			D. Box may not be designated as the add during the year covered by this report:	aress of the registered office	
				aress of the registered office	
				aress of the registered office	
			during the year covered by this report:	OR RESIDENCE ADDRE	
4. Describe the		d activities of the corporation	during the year covered by this report:		
4. Describe the	purpose an	d activities of the corporation	during the year covered by this report:		
4. Describe the 5.	President (F	NAME Required)	during the year covered by this report:		
4. Describe the	purpose an	NAME Required)	during the year covered by this report:		
4. Describe the  5.  If different than	President (F	NAME Required)	during the year covered by this report:		
4. Describe the  5.  If different than	President (F Secretary (F Treasurer (F	NAME Required) Required)	during the year covered by this report:		
4. Describe the 5.  If different than President	President (F	NAME Required) Required)	during the year covered by this report:		
4. Describe the  5.  If different than President  If different than	President (F Secretary (F Treasurer (F	NAME Required) Required)	during the year covered by this report:		
4. Describe the  5.  If different than President	President (Formatter)  President (Formatter)  Secretary (In Treasurer (Formatter)  Vice President  Director (Rote of President)	NAME Required) Required)	during the year covered by this report:		
4. Describe the  5.  If different than President  If different than	President (Formal President (Format (Format President (Format (For	NAME Required) Required)	during the year covered by this report:		
4. Describe the  5.  If different than President  If different than Officers	President (Formal President (F	NAME Required) Required)	during the year covered by this report:  BUSINESS  Please make your check o	OR RESIDENCE ADDRE	SS
4. Describe the  5.  If different than President  If different than Officers	President (Formatter)  President (Formatter)  Secretary (Formatter)  Director (Root Director)  Director  Director	NAME Required) Required) Required) Ctober 1, 2007.	BUSINESS  Please make your check of Return to: Michigan De	r money order payable to the	e State of Michigan.
4. Describe the  5.  If different than President  If different than Officers	President (Formatter)  President (Formatter)  Secretary (Formatter)  Director (Root Director)  Director  Director	NAME Required) Required) Required) Ctober 1, 2007.	BUSINESS  Please make your check of Return to: Michigan De	r money order payable to the epartment of Labor & Econo ommercial Services, Corpora	e State of Michigan.
4. Describe the  5.  If different than President  If different than Officers	President (Formatter)  President (Formatter)  Secretary (Formatter)  Director (Root Director)  Director  Director	NAME Required) Required) Required) Ctober 1, 2007.	Please make your check of Return to: Michigan De Bureau of Co	r money order payable to the epartment of Labor & Econo ommercial Services, Corpor 767	e State of Michigan.
4. Describe the  5.  If different than President  If different than Officers	President (Formatter)  President (Formatter)  Secretary (Formatter)  Director (Root Director)  Director  Director	NAME Required) Required) Required) Ctober 1, 2007.	Please make your check of Return to: Michigan De Bureau of Co	r money order payable to the epartment of Labor & Econo ommercial Services, Corpor 767	e State of Michigan. mic Growth ation Division
4. Describe the  5.  If different than President  If different than Officers	President (Formal President (F	NAME Required) Required) Required) Returned)	Please make your check of Return to: Michigan De Bureau of Co. P.OBox 30 Lansing, MI (517) 241-64	r money order payable to the epartment of Labor & Econo ommercial Services, Corpora 48909	e State of Michigan. mic Growth ation Division
4. Describe the  5.  If different than President  If different than Officers  6. Report Filing f	President (Formatter)  President (Formatter)  Secretary (Formatter)  Director (Root Director)  Director  Director  Director  Director	NAME Required) Required) Required) Ctober 1, 2007. On.	Please make your check of Return to: Michigan De Bureau of Co. P.O. Box 30 Lansing, MI (517) 241-64	r money order payable to the epartment of Labor & Econo ommercial Services, Corpora 767 48909	State of Michigan. mic Growth ation Division  Phone (Optional) 313 - 861 1293