B4S/02-2000 (12/02)

MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION 2002 NONPROFIT CORPORATION INFORMATION UPDATE



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To certify there are no changes from your previous filing check this box and proceed to Item 6. If the resident agent and/or registered office has changed complete Items 1-6. If only officer and director information has changed complete Items 4-6.

FOR BUREAU USE ONLY		
Identification Number	Corporation name	EII ED BY DEBINTHENT EED 4 4 0000
841180	LITTLE ROCK MISSIONARY BAPTIST CHURCH	FILED BY DEPARTMENT FEB 1 4 2003
Resident agent name and mailing	address of the registered office	
REV. JAMES HOLI		
8920 WOODWARD		
DETROIT MI 4820	2	
		m / a m - A-
		Mark Mark
		Tran:3 7734923-1 02/04/03
The address of the registered office	A	Chk#: 18618 Amt: \$10.00 ID:: 841180
8920 WOODWARD	GE .	D-1 011160
DETROIT MI 48202	2	
Mailing address of registered of	office in Michigan (may be a P.O. Box)	Resident Agent
3. The address of the registered	office in Michigan (a P.O. Box may not be designated as the address	of the registered office)
4. Describe the numose and activ	vities of the corporation during the year covered by this report:	14,000
Describe the purpose and active	vities of the corporation during the year covered by this report:	Andrew Control of the
Describe the purpose and active	vities of the corporation during the year covered by this report:	17, ion
		RESIDENCE ADDRESS
		RESIDENCE ADDRESS
5. N		RESIDENCE ADDRESS
5. N President (Required)		RESIDENCE ADDRESS
5. N President (Required) Secretary (Required)		RESIDENCE ADDRESS
5 N President (Required) Secretary (Required) Treasures (Required)		RESIDENCE ADDRESS
5 N President (Required) Secretary (Required) Treesures (Required) Vice President		RESIDENCE ADDRESS
5 N President (Required) Secretary (Required) Treesures (Required) Vice President Director (Required)		RESIDENCE ADDRESS
5. N President (Required) Secretary (Required) Treesures (Required) Vice President Director (Required)		RESIDENCE ADDRESS
5. N President (Required) Secretary (Required) Treesurer (Required) Vice President Director (Required) Director Director 6. The filling fee is \$10.00. Pleas	BUSINESS OR Be make your check or money order payable to the State of Michigan.	This report must be filed on or before
5. N President (Required) Secretary (Required) Treasures (Required) Vice President Director (Required) Director	se make your check or money order payable to the State of Michigan. signed report with fee to: Michigan Department of Consumer	This report must be filed on or before & Industry Services
5. N President (Required) Secretary (Required) Treesurer (Required) Vice President Director (Required) Director Director 6. The filling fee is \$10.00. Pleas	se make your check or money order payable to the State of Michigan. signed report with fee to: Michigan Department of Consumer Bureau of Commercial Services, Co P.O. Box 30057	This report must be filed on or before & Industry Services
5. N President (Required) Secretary (Required) Treesurer (Required) Vice President Director (Required) Director Director 6. The filling fee is \$10.00. Pleas	se make your check or money order payable to the State of Michigan. signed report with fee to: Michigan Department of Consumer Bureau of Commercial Services, Co	This report must be filed on or before & Industry Services
5. N President (Required) Secretary (Required) Treesurer (Required) Vice President Director (Required) Director Director 6. The filling fee is \$10.00. Pleas	se make your check or money order payable to the State of Michigan. signed report with fee to: Michigan Department of Consumer Bureau of Commercial Services, Co P.O. Box 30057 Lansing, MI 48909-7557 (517) 241-6470	This report must be filed on or before & Industry Services
5. N President (Required) Secretary (Required) Treasurer (Required) Vice President Director (Required) Director 6. The filling fee is \$10.00. Pleas October 1, 2002. Return this secretary and the secretary of another in t	se make your check or money order payable to the State of Michigan. signed report with fee to: Michigan Department of Consumer Bureau of Commercial Services, Co P.O. Box 30057 Lansing, MI 48909-7557 (517) 241-6470	This report must be filed on or before & Industry Services reporation Division Phone (Optional) 313-872-2900