BCS/CD-2000 (04/07)

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



## 2007

REV. JIM HO	Corporation name		
REV. JIM HO	I THE HISTORIS ENTRE !	ROCK MISSIONARY BAPTIST CHURCH	
	mailing address of the registered	RECEIVED	EUED
8920 WOODWARD DETROIT MI 48202		HEGEIVED	FILED
		\$2 0 SEP - 4 2007	SEP 25 2007
		Dept. of LEG	By Department ureau of Commercial Services
The address of the register	red office	e de et le recent de la region de en la region de la regi	e en apreningamente alla sa sua discomina
8920 WOODW DETROIT MI 4		•	4
To certify there as	e no changes from your previo	ous filing check this box and proceed to item 6	3. If the resident agent and/or
registered office h	nas changed complete Items 1-	6. If only officer and director information has	changed complete Items 4-6.
. Mailing address of regis	stered office in Michigan (may be	a.P.O. Box)	2. Resident Agent
	¥		
. Describe the purpose a	nd activities of the corporation du	ring the year covered by this report:	
. Describe the purpose a	nd activities of the corporation du	ring the year covered by this report:	
	nd activities of the corporation du	ring the year covered by this report:  BUSINESS OR RESIDE	ENCE ADDRESS
5.			ENCE ADDRESS
5. President	NAME		NCE ADDRESS
5. President	NAME (Required) (Required)		ENCE ADDRESS
F different than	NAME (Required) (Required) (Required)		NCE ADDRESS
Fresident Fresident Fresident  Fresident  Fresident  Fresident	NAME (Required) (Required) (Required)		
F different than Secretary  F different than Treasurer  Vice President Director (R	NAME (Required) (Required) (Required)		
Fresident  If different than President  Vice President  Vice President  Cirector (R  If different than Officers	NAME (Required) (Required) (Required)		
F different than Secretary  F different than Treasurer  Vice President Director (R	NAME (Required) (Required) (Required)		
Fresident  If different than President  Vice President  Vice President  Cirector (R  If different than Officers  Director	NAME (Required) (Required) (Required) dent	BUSINESS OR RESIDE	payable to the State of Michigan.
F different than President Vice President Vice President Director (R Director Conficers D	NAME (Required) (Required) (dent (Required)	Please make your check or money order Return to: Michigan Department of L	payable to the State of Michigan.
Fresident  If different than President  Vice President  Vice President  Cirector (R  If different than Officers  Director	NAME (Required) (Required) (dent (Required)	Please make your check or money order Return to: Michigan Department of L Bureau of Commercial Ser P.O. Box 30767	payable to the State of Michigan.
F different than President Vice President Vice President Director (R Director Conficers D	NAME (Required) (Required) (dent (Required)	Please make your check or money order Return to: Michigan Department of L Bureau of Commercial Ser	payable to the State of Michigan.
Fresident  If different than President  Vice President  Vice President  Director (R  If different than Officers	NAME (Required) (Required) (Required)		