

**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION
NONPROFIT CORPORATION INFORMATION UPDATE**



2004

FOR BUREAU USE ONLY	
Identification Number <div style="font-size: 1.2em; font-weight: bold;">857133</div>	Corporation name <div style="font-weight: bold;">THE METROPOLITAN METHODIST CHURCH</div>
<div style="text-align: right; font-weight: bold;">2004 NOV -4 AM 9:30</div>	
Resident agent name and mailing address of the registered office <div style="display: flex; justify-content: space-between;"> <div> SHARON BLANKENSHIP 8000 WOODWARD AVENUE DETROIT MI 48202 </div> <div style="text-align: center;"> <div style="font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="font-weight: bold;">SEP 27 2004</div> <div style="font-weight: bold;">\$20 Dept. of LEG</div> </div> </div>	
The address of the registered office <div style="font-weight: bold;">8000 WOODWARD AVENUE</div> <div style="font-weight: bold;">DETROIT MI 48202</div>	

☒ 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.

1. Mailing address of registered office in Michigan (may be a P.O. Box)	2. 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 purpose and activities of the corporation during the year covered by this report:																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;">NAME</th> <th style="width: 50%;">BUSINESS OR RESIDENCE ADDRESS</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle; font-size: 0.8em;">If different than President</td> <td>President (Required)</td> <td></td> </tr> <tr> <td>Secretary (Required)</td> <td></td> </tr> <tr> <td>Treasurer (Required)</td> <td></td> </tr> <tr> <td>Vice President</td> <td></td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle; font-size: 0.8em;">If different than Officers</td> <td>Director (Required)</td> <td></td> </tr> <tr> <td>Director</td> <td></td> </tr> <tr> <td>Director</td> <td></td> </tr> </tbody> </table>			NAME	BUSINESS OR RESIDENCE ADDRESS	If different than President	President (Required)		Secretary (Required)		Treasurer (Required)		Vice President		If different than Officers	Director (Required)		Director		Director	
	NAME	BUSINESS OR RESIDENCE ADDRESS																		
If different than President	President (Required)																			
	Secretary (Required)																			
	Treasurer (Required)																			
	Vice President																			
If different than Officers	Director (Required)																			
	Director																			
	Director																			
<table style="width:100%;"> <tr> <td style="width: 45%; vertical-align: top;"> 6. This report is due on or before October 1, 2004. The filing fee is \$20.00. </td> <td style="width: 55%; vertical-align: top;"> Please make your check or money order payable to the State of Michigan. Return to: Michigan Department of Labor & Economic Growth Bureau of Commercial Services, Corporation Division P.O. Box 30481 Lansing, MI 48909-7981 (517) 241-6470 </td> </tr> </table>		6. This report is due on or before October 1, 2004. The filing fee is \$20.00.	Please make your check or money order payable to the State of Michigan. Return to: Michigan Department of Labor & Economic Growth Bureau of Commercial Services, Corporation Division P.O. Box 30481 Lansing, MI 48909-7981 (517) 241-6470																	
6. This report is due on or before October 1, 2004. The filing fee is \$20.00.	Please make your check or money order payable to the State of Michigan. Return to: Michigan Department of Labor & Economic Growth Bureau of Commercial Services, Corporation Division P.O. Box 30481 Lansing, MI 48909-7981 (517) 241-6470																			
Signature of authorized officer or agent 	<table style="width:100%;"> <tr> <td style="width: 35%;">Title CAME, Board of Trustees</td> <td style="width: 25%;">Date 9/17/04</td> <td style="width: 40%;">Phone (Optional)</td> </tr> </table>	Title CAME, Board of Trustees	Date 9/17/04	Phone (Optional)																
Title CAME, Board of Trustees	Date 9/17/04	Phone (Optional)																		