DEPARTMENT OF LABOR & ECONOMIC GROWTH
UREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION



		FOR BUREAU USE O	NLY	No. 100
dentification Number	Corporation name			
793231	SECOND BAP	PTIST CHURCH OF THE CITY	OF DETROIT	tod.
esident agent name and ma	iling address of the re-	gistered office		
REV. KEVIN M. 7 441-461 MONRO DETROIT MI 482 he address of the registered 441-461 MONRO DETROIT MI 482	PE AVE.	AUG 1  Admini BUREAU OF COMM	8 2004 Chk#:	Info:2 9122667-1 02/26/04 11227 Amt: \$20.00 SECOND BAPTIST CHURCH
Mailing address of register 441-461 Monro Detroit, Mi	e 48226-2930	may be a P.O. Box)	X	esident Agent
See #1	red office in Michigan (	a P.O. Box may not be designated	as the address of the re	gistered office)
See #1  Describe the purpose and	activities of the corpora	a P.O. Box may not be designated a respective to the contract of the contract	s report:	pistered office)
See #1  Describe the purpose and Address the s	activities of the corpora	ation during the year covered by this ritual needs of the co	s report:	e sale traper or a
See #1  Describe the purpose and Address the s	activities of the corpora ocial and spin	ation during the year covered by this ritual needs of the co	ommunity.	ADDRESS
See #1  Describe the purpose and Address the seldent (Required)  mye B Davis, Coretary (Required)	activities of the corpora ocial and spin NAME	ation during the year covered by this ritual needs of the co BUSH Trustees, 18626 Santa	ommunity.  NESS OR RESIDENCE Barbara, Detr	ADDRESS oit, MI 48221
See #1  Describe the purpose and Address the seldent (Required)  mye B Davis, Coretary (Required)  ora B Sandiford,	activities of the corpora ocial and spin NAME	ation during the year covered by this ritual needs of the co	ommunity.  NESS OR RESIDENCE Barbara, Detr	ADDRESS oit, MI 48221
See #1  Describe the purpose and Address the seldent (Required)  mye B Davis, Coretary (Required)  ora B Sandiford, assurer (Required)  ommie M Johnson,	nactivities of the corpora ocial and spin NAME hair, Bd of Secretary, Bd	BUSH Trustees, 18626 Santa of Trustees, 19889 V	ommunity.  NESS OR RESIDENCE Barbara, Detr	ADDRESS oit, MI 48221 thfield, MI 48076
See #1  Describe the purpose and Address the seldent (Required)  mye B Davis, Coretary (Required)  ora B Sandiford,  assurer (Required)  ommie M Johnson,  President	nactivities of the corporation ocial and spin  NAME  hair, Bd of  Secretary, Bd  Treasurer, 29	BUSH Trustees, 18626 Santa of Trustees, 19889 V	mmunity.  NESS OR RESIDENCE Barbara, Detr Tilla Dr N, Sou	ADDRESS oit, MI 48221 thfield, MI 48076
See #1  Describe the purpose and Address the subsident (Required)  mye B Davis, Coretary (Required)  Ora B Sandiford,  assurer (Required)  ommie M Johnson,  e President  Duis Granberry, V	nactivities of the corporation ocial and spin  NAME  hair, Bd of  Secretary, Bd  Treasurer, 29	BUSH Trustees, 18626 Santa of Trustees, 19889 V	mmunity.  NESS OR RESIDENCE Barbara, Detr Tilla Dr N, Sou	ADDRESS oit, MI 48221 thfield, MI 48076
See #1  Describe the purpose and Address the sesident (Required)  mye B Davis, Coretary (Required)  ora B Sandiford, assure (Required)  omnie M Johnson, e President  outs Granberry, Vector (Required)  NA	nactivities of the corporation ocial and spin  NAME  hair, Bd of  Secretary, Bd  Treasurer, 29	BUSH Trustees, 18626 Santa of Trustees, 19889 V	mmunity.  NESS OR RESIDENCE Barbara, Detr Tilla Dr N, Sou	ADDRESS oit, MI 48221 thfield, MI 48076
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See #1  Describe the purpose and Address the selection (Required)  Maye B Davis, Coretary (Required)  Ora B Sandiford, Description of M Johnson, President Duis Granberry, Vector (Required)  NA Sector NA	nactivities of the corporation ocial and spin  NAME  hair, Bd of  Secretary, Bd  Treasurer, 29	BUSH Trustees, 18626 Santa of Trustees, 19889 V	mmunity.  NESS OR RESIDENCE Barbara, Detr Tilla Dr N, Sou	ADDRESS oit, MI 48221 thfield, MI 48076
See #1  Describe the purpose and Address the self-  Address the self-  Address the self-  Address the self-  Balance (Required)  Ora Balandiford, assurer (Required)  Omnie Malance (Required)  NA  Persident Duis Granberry, Vector (Required)  NA  NA  The filling fee is \$10.00. The the State of Michigan. Ret	nactivities of the corporation ocial and spin ocial	BUSING Trustees, 18626 Santa of Trustees, 18626 Santa of Trustees, 19889 Vol. 158 Wellington W, Sou of Trustees, 26676 Lead of	mmunity.  NESS OR RESIDENCE Barbara, Detr Tilla Dr N, Sou thfield, MI 4 athrup Bl, Lat 30,2007. Please make ent of Labor & Economic Commercial Services, 1 30057 MI 48909-7557	ADDRESS  oit, MI 48221 thfield, MI 48076  8034 hrup Village, MI 48076  your check or money order payable Growth
See #1  Describe the purpose and Address the seident (Required) Imye B Davis, Concretary (Required) Ora B Sandiford, Sessurer (Required) Ommie M Johnson, De President Ouis Granberry, Vector (Required) NA Sector NA The filling fee is \$10.00. The	nactivities of the corporation ocial and spin ocial	BUSING Trustees, 18626 Santa of Trustees, 18626 Santa of Trustees, 19889 Vol. 158 Wellington W, Sou of Trustees, 26676 Leaven of Trustees, 26676 Lea	mmunity.  NESS OR RESIDENCE Barbara, Detr Tilla Dr N, Sou thfield, MI 4 athrup Bl, Lat 30,2007. Please make ent of Labor & Economic Commercial Services, 1 30057 MI 48909-7557	ADDRESS  oit, MI 48221 thfield, MI 48076  8034 hrup Village, MI 48076  your check or money order payable Growth Corporation Division