

AMOUNT DUE ON OR BEFORE 3/7/96: \$61.25 IF DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 10 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

COOPERS LAKE MANOR, INC.

743221

Principal Place of Business

2201 W. CARPENTER ROAD
FLINT MI 48227

Mailing Address

RVA PROPERTIES, INC.
2960 W. GRAND BLVD. #202
DETROIT MI 48202

3. Date Incorporated or Qualified

1/23/81

3a. Date of Last Report

08/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 19320 Greenfield Rd.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

28 48235-2065

30 U.S.A.

4. FEI Number

59-1896200

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME THREETS, SAMUEL REV. President
STREET ADDRESS 825 MENOMINEE STREET
CITY-ST-ZIP PONTIAC MI 48341

TITLE S
NAME THREETS, RUTHIE MRS. Secretary
STREET ADDRESS 2535 PATRICK HENRY
CITY-ST-ZIP AUBURN HILLS MI 48326

TITLE T
NAME THREETS, EDGAR REV. Treasurer
STREET ADDRESS 2535 PATRICK HENRY
CITY-ST-ZIP AUBURN HILLS MI 48326

TITLE D
NAME MILLER GAD
STREET ADDRESS 17190 GREENLAWN
CITY-ST-ZIP DETROIT MI 48221

TITLE D
NAME NETTLES, WM REV
STREET ADDRESS 352 VAN WAGONER ST
CITY-ST-ZIP FLINT MI 48505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Director
1.2 NAME Rev. Olysses McCowin
1.3 STREET ADDRESS 23581 Lee Baker Drv.
1.4 CITY-ST-ZIP Southfield, MI 48075

2.1 TITLE D Director
2.2 NAME Latessa D. Anderson
2.3 STREET ADDRESS 29801 Chelmsford Rd.
2.4 CITY-ST-ZIP Southfield, MI 48076

3.1 TITLE D Director
3.2 NAME Denice Carter
3.3 STREET ADDRESS 510 Fourth St.
3.4 CITY-ST-ZIP Pontiac, MI

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

Signature of Samuel J. Threets
Date 1-10-91
Daytime Phone # 810-14-844