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Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743221** (4)

1. Corporation Name

COOPER'S LAKE MANOR, INC.

Principal Place of Business

**2201 W CARPENTER
FLINT MI 48227
US**

Mailing Address

**19320 GREENFIELD RD
#110
DETROIT MI 48235-2085**



3. Date Incorporated or Qualified
06/12/1978

3a. Date of Last Report
10/10/1996

2. Principal Place of Business		2a. Mailing Address	
21	19320 GREENFIELD ROAD	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	SUITE 110	27	
City & State		City & State	
23	DETROIT, MI	28	
Zip	Country	Zip	Country
24	48235	25	
29		30	

4. FEI Number 59-1896200	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THREETS, SAMUEL., REV	1.2 NAME	
STREET ADDRESS	825 MENOMINEE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTIAC MI 48341	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THREETS, RUTHIE MRS.	2.2 NAME	
STREET ADDRESS	2535 PATRICK HENRY	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN HILLS MI 48326	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THREETS, EDGAR REV.	3.2 NAME	
STREET ADDRESS	2535 FITZPATRICK	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN HILLS MI 48326	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOWIN, ULYSSES REV	4.2 NAME	
STREET ADDRESS	23581 LEE BAKER DRV	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48075	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, TATEESA D	5.2 NAME	
STREET ADDRESS	28801 CHELMSFORD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI 48076	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, DENICE	6.2 NAME	RD CLARK
STREET ADDRESS	510 FOURTH ST	6.3 STREET ADDRESS	7515 WYNDAM ROAD
CITY-ST-ZIP	PONTIAC MI	6.4 CITY-ST-ZIP	PENNSAUKER, NJ 08109

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

[Handwritten Signature]

[Handwritten Date: 7-21-97]

CR2E037 (9/96)