

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002529

FILED
Apr 28, 2008
Secretary of State

Entity Name: COMMUNITY FOUNDATION FOR SOUTHEASTERN MICHIGAN, INC.

Current Principal Place of Business:

333 W. FORT STREET, STE. 2010
DETROIT, MI 48226

New Principal Place of Business:

Current Mailing Address:

333 W. FORT STREET, STE. 2010
DETROIT, MI 48226

New Mailing Address:

FEI Number: 38-2530980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, KEITH B ESQ.
222 LAKEVIEW AVE., STE. 950
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GILMOUR, ALLAN D
Address: 333 W. FORT STREET, STE. 2010
City-St-Zip: DETROIT, MI 48226

Title: FC () Delete
Name: HUDSON, JOSEPH L JR.
Address: 333 W. FORT STREET, STE. 1310
City-St-Zip: DETROIT, MI 48226

Title: VC () Delete
Name: GLANCY, ALFRED R III
Address: 400 MAPLE PARK BLVD., SUITE 405
City-St-Zip: ST. CLAIR SHORES, MI 48081

Title: VC () Delete
Name: SCHWARTZ, ALAN E
Address: 2290 FIRST NATIONAL BUILDING
City-St-Zip: DETROIT, MI 48226

Title: S () Delete
Name: FOUNTAIN, W. FRANK
Address: 1000 CHRYSLER DRIVE
City-St-Zip: AUBURN HILLS, MI 48326

Title: T () Delete
Name: MONAHAN, MICHAEL T
Address: 3707 WEST MAPLE ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIAM C. NOLAND

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date