

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002529

FILED  
Apr 12, 2012  
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:**

333 W. FORT STREET  
SUITE 2010  
DETROIT, MI 48226

**Current Mailing Address:**

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

**New Mailing Address:**

333 W. FORT STREET  
SUITE 2010  
DETROIT, MI 48226

**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.  
3801 PGA BLVD.  
SUITE 604  
PALM BEACH GARDENS, FL 33410 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  
Name: GILMOUR, ALLAN D  
Address: 333 W. FORT STREET, STE. 2010  
City-St-Zip: DETROIT, MI 48226

Title: VC  
Name: VANDUSEN, BARBARA C  
Address: 333 W. FORT STREET, STE. 1310  
City-St-Zip: DETROIT, MI 48226

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARIAM C. NOLAND

PRES

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date