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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000006498 (9)

1. Corporation Name

FIRST OF AMERICA COMMUNITY DEVELOPMENT CORPORATI
ON

Principal Place of Business

400 RENAISSANCE CENTER
26TH FLOOR
DETROIT MI 48243

Mailing Address

400 RENAISSANCE CENTER
26TH FLOOR
DETROIT MI 48243-1507



3. Date Incorporated or Qualified
12/20/1994

3a. Date of Last Report
02/23/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

38-2994944

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

CIESLAK, LEE
2100 68TH STREET NORTH
FIRST OF AMERICA-FLORIDA FSB
ST PETERSBURG FL 33710-8133

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed in printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PCD	BUSS, RICHARD M	400 RENAISSANCE CENTER, 26TH FLOOR	DETROIT MI	<input type="checkbox"/>
VD	WITLER, WILLIAM	211 SOUTH ROSE STREET	KALAMAZOO MI	<input type="checkbox"/>
SD	LEMANSKI, TIMOTHY J	225 NORTH ROSE STREET	KALAMAZOO MI	<input type="checkbox"/>
TD	THOMPSON, KEVIN T	225 NORTH ROSE STREET	KALAMAZOO MI	<input type="checkbox"/>
VD	BACHE, WILLIAM	5300 CRAWFORDSVILLE ROAD	INDIANAPOLIS IN	<input type="checkbox"/>
V	BARCY, DOUGLAS	101 SOUTH WASHINGTON SQUARE	LANSING MI	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timothy J Lemanski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-16-97 616 376 7281

0400251

CR2E034 (9/96)