DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS NONPROFIT CORPORATION ANNUAL REPORT

2018

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| Due October 1, 2018 File O | nline at www.michigan.gov/corpfi | leonline | |
|---|--|--|--|
| Identification Number 800866009 | Corporation name ST. JOHN EVANGELICAL LUTHERAN CHURCH OF SAGINAW, MICHIGAN | | |
| Resident agent name and mailing address | of the registered office | | |
| CARL QUACKENBUS 915 FEDERAL AVE. SAGINAW, MI 48607 The address of the registered office 915 FEDERAL AVE. SAGINAW, MI 48607 | FILED OCT 04 2018 CORPORATIONS DIVISION | RECEIVED SEP 1 7 2018 LARA \$20.00 | |
| f no change in the address o | of the registered office and/or re | esident agent proceed to Item 4. | |
| Mailing address of registered office in Mich | 2 Resident Agent if changed | | |
| 3 The address of the registered office in Mich | higan if changed (a P O Box may not be designat | ted as the address of the registered office) | |
| The purposes and general nature and kind | of business in which the corporation engaged in $\mathcal{C}\mathcal{H}$ | during the year covered by this report | |

| 4 The purposes a | and general nature and kind of business in which the corpo | ration engaged in during the year covered by this report | | | |
|--|---|---|--|--|--|
| Total | CHURCH | | | | |
| 5 | NAME and BUSINESS OR RESIDEN | CE ADDRESS | | | |
| | MARK A. OSWALD 430 | 59 TIFFTON, SAG, MI. 48603 | | | |
| lf different than | Buth AD Sharper 2204 Phelon St. Saginary, MI 48601 | | | | |
| President | Treasurer CARL E. QUACKENBUSH 10830 SHERIDAW RD. ADRT, MI 48417 | | | | |
| If the corporation is a private foundation or formed to provide care to a dentally underserved population, check the following box. If box is checked the board shall consist of 1 or more directors. | | | | | |
| | Director Kurt K Aven 33 | Congress CT B Sag-48602 | | | |
| Required Director(s) | Madeline J Blohm 6881 Janes Rd Saginaw, MT 48601 | | | | |
| | BUSLINE GATZSCHE | 6098 Pountry Way S. 48601 Sog | | | |
| 6. Report due October 1, 2018. | | File Online at www.michigan.gov/corpfileonline or mail your completed report with a check or money order payable to | | | |
| Filing Fee \$20.00. | | the State of Michigan Return to Corporations Division | | | |
| • | | P O Box 30767 Lansing, MI 48909 (517) 241-6470 | | | |
| Signature of authorized officer or agent / / Title Date Phone (Optional) | | | | | |
| Men | k Quald CONGREGATION | | | | |
| f more space is need | ded additional pages may be included. Do not stable any items to re | eport. This report is required by Section 911. Act 162. Public Acts of 1982, as amended | | | |