

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
NONPROFIT CORPORATION ANNUAL REPORT  
**2020**



Due October 1, 2020 File Online at [www.michigan.gov/corpfileonline](http://www.michigan.gov/corpfileonline)

Identification Number <b>800917992</b>	Corporation name <b>KARATE FOR CHRIST OUTREACH MINISTRIES</b>
Resident agent name and mailing address of the registered office  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <b>MICAH EL PATRICK SR.</b>  <b>406 W HULBUT</b>  <b>CHARLEVOIX, MI 49720</b> </div> <div style="text-align: center;"> <p style="font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="font-size: 1.5em;">SEP 18 2020 20</p> <p style="font-size: 1.2em;">LAF</p> </div> <div style="text-align: right;"> <p style="font-size: 1.5em; opacity: 0.5;">FILED</p> <p style="font-size: 1.2em;">NOV 04 2020</p> <p style="font-size: 1.1em;">CORPORATIONS DIVISION</p> </div> </div>	
The address of the registered office  <b>406 W HULBUT</b> <b>CHARLEVOIX, MI 49720</b>	

To certify there are **NO CHANGES** from the previously filed report, check this box and **PROCEED TO ITEM 6** for signature. No other sections can be completed if box is checked

1 Mailing address of registered office in Michigan if changed (may be a P O Box)	2 Resident Agent if changed
3 The address of the registered office in Michigan if changed (a P O Box may not be designated as the address of the registered office)	
4 The purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report	
<b>5 NAME and BUSINESS OR RESIDENCE ADDRESS</b>	
	President
If different than President	Secretary
	Treasurer
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. The board of all other corporations shall consist of 3 or more directors. <input style="float: right;" type="checkbox"/>	
Required Director(s)	Director
	Director
	Director
6. Signature of authorized officer or agent <i>[Signature]</i>	Title <b>PRESIDENT</b>
	Date <b>9/16/2020</b>
	Phone (Optional) <b>231-675-3200</b>

**FILE ONLINE AND SAVE** time by going to [www.michigan.gov/corpfileonline](http://www.michigan.gov/corpfileonline). You will get an immediate response and you can elect to receive future notices by email to the resident agent. The agent will also be sent an email when a document is filed or a CID/PIN is requested.

**Report due October 1, 2020.**  
**Filing Fee \$20.00.**

To mail your completed report with a check or money order payable to the State of Michigan, return to  
Corporations Division  
P O Box 30767  
Lansing, MI 48909  
(517) 241-6470