

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
NONPROFIT CORPORATION ANNUAL REPORT  
**2022**



Due October 1, 2022 File Online at [www.michigan.gov/corpfileonline](http://www.michigan.gov/corpfileonline)

|   |   |
|---|---|
| Identification Number<br><b>800820381</b>   | Corporation name<br>FACTORYVILLE BIBLE CHURCH |
| Resident agent name and mailing address of the registered office<br><br><div style="display: flex; justify-content: space-between;"> <div> <p><b>MARK SEXTON</b><br/>33650 FACTORYVILLE RD.<br/>ATHENS, MI 49011</p> </div> <div style="text-align: center;"> <p><b>FILED</b><br/><b>AUG 17 2022</b><br/>CORPORATIONS DIVISION</p> </div> <div style="text-align: right;"> <p><b>RECEIVED</b><br/><b>AUG 08 2022</b><br/>LARA \$20.00</p> </div> </div> |   |
| The address of the registered office<br><br>33650 FACTORYVILLE RD.<br>ATHENS, MI 49011  |   |

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   |                             |                |                  |
| 5 <b>NAME and BUSINESS OR RESIDENCE ADDRESS</b> (Print legible and complete names and addresses)  |                             |                |                  |
|   | 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 type="checkbox"/> |                             |                |                  |
| Required Director(s)  | Director                    |                |                  |
|   | Director                    |                |                  |
|   | Director                    |                |                  |
| 6. Signature of authorized officer or agent<br>X <i>Mark Sexton</i>   | Title<br>Treasurer          | Date<br>8-3-22 | Phone (Optional) |

**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.

or 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

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**Filing Fee \$20.00.**