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FOR 1987

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GENERAL NOT FOR PROFIT CORPORATION AST 4 FIRE NO. N 3345-871-1

SECRETARY	OF STATE	OF ILLINOIS

Annual Report Filing Fee \$ 5.00 Annual Report with Change of Agent or Office \$10.00 DO NOT WRITE IN THIS SPACE

JIM EDGAR Secretary of State

CORPORATE NAME REGISTERED AGENT % Rossevelt Rd - P.O Box 272 REGISTERED OFFICE CITY, STATE, ZIP CODE Berry 9 n , L

COOK

CHANGES ONLY: Medistered Agent Randall J. Willebrand Registered Office City, County, IL Zip Code SAME

The above change was duly authorized by resolution of the board of directors. The address of the registered office and the address of the office of the registered agent, as changed, will be identical. THE ADDRESS OF THE REGIS-TERED OFFICE MUST INCLUDE A STREET NUMBER. A P.O. BOX MAY ONLY BE USED IN ADDITION THERETO.

The above corporation organized under the Jawa of the state of , pursuant to the provisions of "The General Not for Profit Corporation Act" of the State of Illinois, hereby makes the following report:

The names and respective addresses of its officers and directors are: NAME **OFFICE** STATE President Secretary Treasurer Director Director Director

List all directors above or list them on an additional sheet: Illinois corporations must have three directors.

5.)	The following is a brief statement of the character of the allgirs which the corporation is ectually conducting: Church Services, Sanday School, ministries related to prinching of the sospel
3.)	is this corporation a Condominium Association as established under the Condominium Property Act?
	Yes No No (Check One)

Is this corporation a Cooperative Housing Corporation defined in Section 216 of the Internal Revenue Code of 1954? Yes \square (Check one)

Is this a Homeowner's Association which administers a common-interest community as defined in subsection (c) of Section 9-102 of the Code of Civil Procedure?

(Check one) If a foreign corporation, the address of its principal office in the state of its incorporation is:

(Number and Street) (State or Country)

Please,read reverse side of this report before signing below)

(Authorized Officer's Signature) (Title) (Pros. or V. Dies-required of changed listed in 2)

ATTEST y's or Ass't, Secretary's Signal) Only if changes listed in 2)

that this annual report and if applicable, the statement of co fered egent and/or office, pursuant to provisions of the G Not for Profit Corporation Act, has been assen est of my knowledge and belief, true correct, and comp

FORM C-54.13

BY

Yes 🔲

The Corneratione Church P.O. Box 272 Bernyn, IL 60402 Attn: Church Clark Property of Coot County Clerk's Office

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