9,722 1 1.7 1.2 4533 093920

MICHIGAN ANNUAL REPORT NONPROFIT CORPORATIONS

9318#2058 1001 \$10.00

The second secon

FILED BY DEPARTMENT OCT 12

CORPORATION NUMBER

Required by Section 911, Act 162, Public Acts of 1982, as amended. Fallure to file this report may result in the dissolution/revocation of the corporation.

718903

1993

FOR BUREAU USE ONLY

or before October 1, 1993			If the Resident Agent, Registered Office, or the mailing address of the Registered Office has changed, enter the corrections below and add \$5.00 to the \$10.00 filing fee. Make remittance payable to the State of Michigan.			
PATHWAY FAMILY CENTER 22180 WEST NINE MILE ROAD SOUTHFIELD, MI 48034		ta. Mailing address of re	gistered office If different than 1	FOR BURRAU		
HELEN GOWANNY		2a. Resident Agent if different than 2				
3. Registered Office Address in Michigan - NO., STREET, CITY, ZIP 22180 WEST NINE MILE ROAD SOUTHFIELD 48034		3a. Address of registered	office if different then 3 - NO., STREET,	CITY, ZIP M		
THE CO	RPORATION STATES THAT THE ADDRESS ARE IDENTICAL, ANY CHANGES	OF ITS REGISTERED OFFIC WERE AUTHORIZED BY RES	E AND THE ADDRESS SOLUTION DULY ADOP	TED BY ITS BOARD OF DIRECTORS.		
	al Employer Number 3118719	Term of Existence (if not page 1) PERPETUAL	arpetual)	6. The Act Under Which Incorporated 1982, P.A. 162)	(if other than 1931, P.A. 327 or	
	of Incorporation MI	8. Incorporation Date 06/18/1993		Date of Admittance (Foreign Corporate)	ration)	
(IF N	be the purpose and activities of the corporation	00 (as of 9/16/93 during the year covered by this	3) \$ N/A	d capitel stock value (if any):	11a. Number of shares:	
13. What, NOD 14. Provide otherw	e the total amount of any loans, advances, or rise than in the ordinary and usual course of bus ONE ENTER "NONE"):	ny member or shareholders durin	novements thereof made to	or by officers directors members or	shareholders of the corporation	
15. Corpo	orate Officers and Directors - As of Octo	ber 1, ¹⁹⁹³ (Name, Str	eet Address, City, Sta	te, ZIP Code)		
If	President Lynn Stevens Naoum, 469 Secretary Daniel Sokolowski, 3046	117-1011		ls, MI 48331		
different then President	Treasurer Terri Nissley, 9252 Moo	orings, Indianapo				
Helen Gowanny, 20160 Lichfield Road, Detroit, MI 48221 Market Vice President Barbara L. McGregor, 5901 Summerset Drive, Midland, MI 48640 North Vice Treasurer Kenneth Nissley, 9252 Moorings, Indianapolis, IN 46253 All of the above constitute the Board of Directors						
if the M either th	alling Address of the Registered C ne President, Vice-President, Chairpi	office, Resident Agent, of arson, Vice-Chairperson,	or Registered Office Secretary, or Assist	ant Secretary of the corporation	st be <u>signed in ink</u> by on. 9-20-93	
PREPAREI	Signature of Authorized Of R'S NAME neth A. Krasity	ficer or Agent		Title / DAYTIME TELEPHONE NUMBER (313) 642-7733	SEP 3 0 1993	

IDENTIFICATION NUMBER

718903

0921

MICHIGAN ANNUAL REPORT **NONPROFIT CORPORATIONS**

914EH5959

N-MAR 0916

\$10.00

4E#5959

ORG&FI 0916

\$5,00

FOR BUREAU USE ONLY

Required by Section 911, Act 162, Public Acts of 1982, as amended. Fallure to file this report may result in the dissolution/revocation of the corporation.

This Report must be filed on or before October 1, 1994			If the Resident Agent, Registered Office, or the mailing address of the Registered Office has changed, enter the corrections below and add \$5.00 to the \$10.00 filing fee. Make remittance payable to the State of Michigan.			10 to			
1. Carpo	rate Name PATHWAY FAM 22180 WEST SOUTHFIELD		MILE ROAD	8034	1a. Malling address of registered o	office if diffe	erent than 1		-
	ent Agent EN GOWANNY				2a. Resident Agent if different that Lea McGregor	12	•		
2218	ered Office Address in 10 WEST NINE		an - NO., STREET, CITY, ZIP ROAD 48034		3a. Address of registered office if o	different tha	an 3 - NO., STF	EET, CITY,	ZIP
address	of the business office	e of its a	ss of its registered office and the esident agent are identical. Art	y	FOR BUREA			1	
4. Federa	s were authorized by the state of the state	5. The	n duly adopted by its board of o Act Under Which Incorporated other than 1931, P.A. 327 or 1982,		6. Term of Existence (if not perpetual		7. State of Inco		
06/1	oration Date .8/1993 .thorized capital stock v	•	te of Admittance (Foreign Corpora		The value of real and personal profiling this report (IF NONE ENTER ** \$19,072.19 be the purpose and activities of the corporation.	NONE"):			epost:
11. 1112 &	N/A		N/A		bstance Abuse Counseli			ŕ	
membe	your answer. (JE NONE	ng the y	ear covered by this report.	герауп	e the total amount of any loans, advancements made to or by officers, members, the ordinary course of business. (IF NON	or sharehol	lders of the comp		
	NONE				NONE				
at different than President	President Lynn Steve Secretary Terri Niss	ns Na 1ey,	ne. Street Address, City, State. Zi aoum, 4696 Bentley 9252 Moorings, Inc. y, 9252 Moorings,	, Troy, dianapo	lis, IN 46253			,	
If different than Officers	Director		aoum, 4696 Bentley,						
REPORT Chairpers	MUST BE SIGNED I	N INK. on, Sec	If Items 1a, 2a or 3a were co retary or Assistant Secretary	ompleted, the of the con	ne report can only be signed by the poration.	Presiden	t, Vice-Preside	ent,	
	of Authorized Officer	or Agent			Title President	l	ptember 1	5, 1994	+
Preparer's	Káme Lypn Steve	ns Na)OIIM		1		ne Number 42–7733		

C&S 2000 (Rev. 4/94)

IDENTIFICATION NUMBER

718903

1020

4927 **MICHIGAN ANNUAL REPORT NONPROFIT CORPORATIONS**

1995

095E#6515 1003

)95E#6515

H-MAR ORG&FI \$10.00 \$5.00

1003 FOR BUREAU USE ONLY

Required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.

This Report must be filed on or before October 1, 19	95 If the Resident Agent, Registered Office, or the mailing address of the Registered Office has changed, enter the corrections below and add \$5.00 to
e de la companya de	the \$10.00 filing fee. Make remittance payable to the State of Michigan.
1. Corporate Name PATHWAY FAMILY CENTER 22180 WEST NINE MILE ROAD SOUTHFIELD MI 48034	1a. Mailing address of registered office if different than 1
2. Resident Agent LEA MCGREGOR	2a. Resident Agent If different than 2 Lynn Naoum
3. Registered Office Address in Michigan - NO., STREET, CITY, ZIP	3a. Address of registered office if different than 3 - NO., STREET, CITY, ZIP
22180 WEST NINE MILE ROAD SOUTHFIELD 48034	
The corporation states that the address of its registered office and the address of the business office of its resident agent are identical. Any changes were authorized by resolution duly adopted by its board of direct	FOR BUREAU USE ONLY tors. FILED BY DEPARTMENT OCT 18 '95
Federal Employer Number The Act Under Which Incorporated (if other than 1931, P.A. 327 or 1982, P.A.	6 Term of Existence (if not perpetual) 7. State of incorporation
8. Incorporation Date 9. Date of Admittance (Foreign Corporation)	The value of real and personal property and cash owned at the time of filing this report (IF NONE ENTER "NONE"):
06/18/1993	110,000
N/A N/A	Describe the purpose and activities of the combration during the year covered by this report: Adolescent Outpatient Substance Abuse Services
member or shareholders during the year covered by this report. Explain your answer. (IF NONE ENTER "NONE"):	Provide the total amount of any loans, advances, overdrafts or withdrawals and repayments made to or by officers, members, or shareholders of the corporation other than in the ordinary course of business. (IF NONE ENTER "NONE"):
None	None
15. Corporate Officers and Directors (Name, Street Address, City, State, ZIP Co	
Terri C. Nissley 9252 Moori Secretary Same as Above	ings Blud, Indianapolis, IN 46256
than President Vice President Chairman Lynn Stevens-Naoum 32100	O Telegraph Rd St. 200, Bingham Farms, MI 4802
Director Norma Schell Director Cifferent then Cifferent Director Director Director Director Director Director Director	Henrietta Birmingham, MI 48009 Nineteen Mile Rd, Clinton Township MI 48038 rings Blud Indianapolis IN 46256
REPORT MUST BE SIGNED IN INK. If items 1a, 2a or 3a were compl Chairperson, Vice-Chairperson, Secretary or Assistant Secretary of t	leted, the report can only be signed by the President, Vice-President,
Signature of Authorized Officer or Agent Signature C. Thissey	President 9/27/95 Destine Telephone Number
Terri C. Nissley	OCT 02 1995 (8/0) 356-0373



MICHIGAN ANNUAL REPORT NONPROFIT CORPORATIONS

FRED BY DEPARTMENT SEP 26 '96

11924 096D#1368

N-MAR

\$10.00

1996 IDENTIFICATION _ 718903 FOR BUREAU USE ONLY This Report must be filed on or before October 1 NUMBER FILING FEE: \$10.00 To certify there are no changes from your previous filing check this box and skip to Item 6. lf there are changes from your previous filing, you must complete items ! through item6. PATHWAY FAMILY CENTER 22180 WEST NINE MILE ROAD SOUTHFIELD MI 48034 Mailing address of registered office if different than 1 2a. Resident Agent if different than 2 2. Resident Agent LYNN NAOUM 3a. Address of registered office if different than 3 - NO., STREET, CITY, ZIP 3. Registered Office Address in Michigan - NO., STREET, CITY, ZIP 22180 WEST NINE MILE ROAD 48034 SOUTHFIELD The corporation states that the address of its registered office and the Make remittance payable to the State of Michigan. address of the business office of its resident agent are identical. Any changes were authorized by resolution duly adopted by its board of directors. Describe the purpose and activities of the corporation during the year covered by this report: If space is insufficient, you may include additional pages. PLEASE DO NOT STAPLE ADDITIONAL PAGES TO THIS REPORT. BUSINESS OR RESIDENCE ADDRESS NAME 5. President Vice President different than Secretary President Director than Director Officers Director SIGNATURE: The report must be signed in ink by an authorized officer or agent of the corporation. Note: If items 1a, 2a or 3a are completed, the report can only be signed by the President, Vice-President, Chairperson, Vice-Chairperson, Secretary or Assistant Secretary of the Corporation. Date Title 6. Signature

THE OFFICE IS LOCATED AT: 6546 MERCANTILE WAY LANSING MI 48910 TELEPHONE (517) 334-6300

Required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES CORPORATION, SECURITIES AND LAND DEVELOPMENT BUREAU P.O. BOX 30057

LANSING MI 48909-7557

C&S 2000 (Rev. 5/96)

SEP 2 3 1996



ON 0970#2390

This report must be filed on or before October 1

0924

1997	NONPH	OFIT	CORP	OHA	1 15
	INFORM	MATIO	N UPI	DATE	

(formerly Annual Report)

NI-MAR

\$10.00

FOR BUREAU USE ONLY IDENTIFICATION THE OFFICE IS LOCATED AT: NUMBER

718903

6546 MERCANTILE WAY LANSING MI 48910 (517) 334-6300

RETURN TO:

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES CORPORATION, SECURITIES AND LAND DEVELOPMENT BUREAU P.O. BOX 30057

LANSING MI 48909-7557

Resident Agent LYNN NAOUM

Corporate Name

C&S 2000 (Rev. 7/97)

PATHWAY FAMILY CENTER 22180 WEST NINE MILE ROAD SOUTHFIELD MI 48034

Registered Office Address in Michigan - NO., STREET, CITY, ZIP 22180 WEST NINE MILE ROAD

FILED BY DEPARTMENT SEP 26 '97

S	OUTHFIELD 48034			
		Make rei	mittance payable to the	State of Michigan.
,				
Х то	certify there are no changes from your previous filin	g check this i	oox and skip to Item 6.	FILING FEE: \$10.00
If there	are changes from your previous filing, you must con	nplete Items		
1. Mailir	ng address of registered office if different than above		2. Resident Agent if differen	nt than above
3. Adde	ess of registered office if different than above - NO., STREET, CITY	Y, ZIP		
ALMANAIS				
4. Desci	ribe the purpose and activities of the corporation during the year	covered by this I	report:	
		-		
If space	is insufficient, you may include additional pages. PLEASE DO	NOT STAPLE	ADDITIONAL PAGES TO 7	HIS REPORT.
5.	NAME	B	USINESS OR RESIDENCE AL	DDRESS
	President			
	Nia Doshiret		- C - Vita	
	Vice President			
If different	Secretary			
than President	Treasurer			
	, · · · · · · · ·			
	Director		•	
If	- Plurates			
different than	Director			
Officers	Director			
		of the business of	fine of its societant asset as 1-1	anting) Boy changes were
authorize	oration states that the address of its registered office and the address of the distribution duly adopted by its board of directors.			enucai. Any changes were
SIGNATI	URE: The report must be signed in ink by an authorized officer or ager items 1, 2 or 3 are completed, the report can only be signed by the	nt of the corporation	On. -President Chairnerson Via	e-Chairperson Secretary or
	items 1, 2 or 3 are completed, the report can only be signed by the sistant Secretary of the Corporation.	e riesident, Vict	i calucia, vildiperson, vic	- mun peraori, demetary or
6. Signat	ure	Title	Date	/
	erri C. Dissley	Preside	$n+$ $\frac{9}{6}$	119191
Required	by Section 911, Act 162, Public Acts of 1982, as amended. Failure to	file this report ma	ay result in the dissolution/revi	lation of the demoration.



1998 NONPROFIT CORPORATION INFORMATION UPDATE

Y To c	ertify there are n	o changes from your previou	s filing check this bo	x and skip to Ite	em 6.	Filing Fee \$10.00
	14 A	FOR B	UREAU USE ONLY			
	18903 ICATION NUMBER	THE OFFICE IS LOCATED AT: 6546 MERCANTILE WAY LANSING MI 48910 (517) 334-6300		TMENT OF CONSUM ECURITIES AND LAI -7557		IT BUBEAU
Corporat	e Name and Mailing A	ddress				Arm
	Pathway Fi	amily center F nine mile road	FLED BY DEPARTMENT	OCT 311 '98	10/27/1998 LWEBB Tyens 00977316 718503 3206 Total'810,00	به. په
					SE E ME	చ
2:	ed Office Address in M 2180 WEST NIM	lichigan - NO., STREET, CITY, ZIP E MILE ROAD 48034	Resident Agent			_
	ara a gan anggras r	Still gam, for stille, or				
1. Mallis	ng address of registe	red office if different than preprinter	information above	2. Resident Agen	it if different than	above
3. Addre	ess of registered offi	ce if different than preprinted inform	ation above - NO., STREE	ET, CITY, ZIP		-
					THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
4. Desci	ibe the purpose and	activities of the corporation during	the year covered by this r	eport:		
5.		NAME	R	USINESS OR RESID	FACE ADDRESS	
	President	INAME.				,
,						
	Vice President				The second secon	
If different than President	Secretary					
	Treasurer					
	Director					
If different	Director					
then Officers	Director			, , , , , , , , , , , , , , , , , , ,		
					, ,	
		address of its registered office and the lopted by its board of directors.	address of the business of	fice of its resident age	ent are identical. /	Any changes were
If space	is insufficient, you n	nay include additional pages. PLE	ASE DO NOT STAPLE	ADDITIONAL PAG	ES TO THIS RE	PORT.
Enclose	\$10.00 made payat	ole to the State of Michigan. This	report must be filed on o	r before October 1.	· · · · · · · · · · · · · · · · · · ·	
	ure of an Authorized Offi	cer or Agent of the Corporation	The Presiden	t OEO	Date 10-23	-58

Required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution/revocation of the corporation.

BCS/CD-2000-(08/01)

DEPARTMENT OF CONSUMER & INDUSTRY SERVICES BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION 1999 NONPROFIT CORPORATION INFORMATION UPDATE To certify there are no changes from your previous filing check this box and proceed to item 6. If the resident agent and/or



	FOR BUREAU US	E ONLY
dentification Number 718903	Corporation name PATHWAY FAMILY CENTER	FILED BY DEPARTMENT JAN 18 2002
Resident agent name and ma	alling address of the registered office	
LYNN NAOUM	•	•
-22180 WEST NI	VE MILE ROAD	
SOUTHFIELD M	4 8984 -	īcan:3 /3932729-1 01/03/02
		ChAR: 4374 \$15.00 TD:, 718903
		· ·
		to the second se
he address of the registered	l office	,
22180 WEST NIN	•	·
Mailing address of register	red office in Michigan (may be a P.O. Box) IDENCE DR 516 300	2. Resident Agent
SOUTH F	161D MI 48075	BODA &A
The address of the registe	ered office in Michigan (a P.O. Box may not be designated to the control of the c	ated as the address of the registered office)
The address of the registe	red office in Michigan (a P.O. Box may not be designa	ated as the address of the registered office)
The address of the registe 23 PROV SOUTHF! Describe the purpose and	ered office in Michigan (a P.O. Box may not be designed in DENCE DR STE 300 ELD MI 48075 activities of the corporation during the year covered by the covered by	y this report: 3 AND EDUCATIONAL PURPESIZ
The address of the register 23/ PROV SOUTHF! Describe the purpose and 50(C) (3) (25/27746	ered office in Michigan (a P.O. Box may not be designed) DENCE DR STE 300 VELD MI 48075 Activities of the corporation during the year covered by Charles Bur Ch	
The address of the registe 23/ PROV SOUTHFI Describe the purpose and 50(C) C3) (2(3)(3)(7)(6) Describe the purpose and (3)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)	red office in Michigan (a P.O. Box may not be designed) I DENCE DR 5TE 300 IELD MI 48075 activities of the corporation during the year covered by OPERATING FURL CHARLEAGU YOUNG PEOPLE AND TREES	y this report 3 AUS EDUCATIONAL PURPOSIS FAMILIES TO ATTAIN EDGRIETY BUSINESS OR RESIDENCE ADDRESS
The address of the register 31 PROV 50UTHFI Describe the purpose and 50(C) (3) (2513 FITTUE TERRI Georgians (Required)	red office in Michigan (a P.O. Box may not be designed) I DENICE DR STE 300 IELD MI 48075 activities of the corporation during the year covered by the corporation during the year covered by the property of	y this report 3 AUS EDUCATIONAL PURPESIS FAMILIES TO ATTAIN EDGRIETY
The address of the register 23/ PROV 50UTHFI Describe the purpose and 50(C) (3) (243 FITTUE TOSIDENT (Required) rescurer (Required)	red office in Michigan (a P.O. Box may not be designed) I DENCE DR STE 300 ELD MI 48075 activities of the corporation during the year covered by the corporation during the year covered by the properties for Charles and Them. NAME C. NISSLEY 23100 C. NISSLEY 23100	y this report 3 AUS EDUCATIONAL PURPOSIS FAMILIES TO ATTAIN EDGRIETY BUSINESS OR RESIDENCE ADDRESS
SOUTHER SOUTHER SOUTHER SOUTHER Describe the purpose and SOL (C) (3) (2 (3) (3) (3) (4) (5) resident (Required) reasurer (Required) L TRU	red office in Michigan (a P.O. Box may not be designed) I DENICE DR STE 300 IELD MI 48075 activities of the corporation during the year covered by the corporation during the year covered by the property of	y this report 3 AUS EDUCATIONAL PURPOSIS FAMILIES TO ATTAIN EDGRIETY BUSINESS OR RESIDENCE ADDRESS
Southfl Southfl Southfl Southfl Languired Languired Languired	red office in Michigan (a P.O. Box may not be designed) I DENCE DR STE 300 ELD MI 48075 activities of the corporation during the year covered by the corporation during the year covered by the properties for Charles and Them. NAME C. NISSLEY 23100 C. NISSLEY 23100	y this report 3 AUS EDUCATIONAL PURPOSIS FAMILIES TO ATTAIN EDGRIETY BUSINESS OR RESIDENCE ADDRESS
SOUTHEL SOUTHEL SOUTHEL SOUTHEL LOSSIGNED THE PURPOSE AND SOL (C) (3) (A (M) S FITTIVE TO SIDER (Required) TO President (Required) To President (Required)	red office in Michigan (a P.O. Box may not be designed) I DENCE DR STE 300 IELD MI 48075 activities of the corporation during the year covered by the corporation during the year covered by the property of the property o	y this report 3 AUS EDUCATIONAL PURPOSIS FAMILIES TO ATTAIN EDGRIETY BUSINESS OR RESIDENCE ADDRESS
Southfl Southfl Southfl Southfl Southfl Languired Sol (C) (3) (2 (3) (2 (3) (3) (3) (3) (3) (3) (3) (3) (3) (3)	red office in Michigan (a P.O. Box may not be designed) I DENCE DR STE 300 ELD MI 48075 activities of the corporation during the year covered by the corporation during the year covered by the properties for Charles and Them. NAME C. NISSLEY 23100 C. NISSLEY 23100	y this report 3 AUS EDUCATIONAL PURPOSIS FAMILIES TO ATTAIN EDGRIETY BUSINESS OR RESIDENCE ADDRESS
The address of the register 31 PROV SOUTHER SOUTHER Describe the purpose and 50(C) C3) (A(M) FITTIVE Consider (Required) FOR (C) FOR (C)	red office in Michigan (a P.O. Box may not be designed) I DENCE DR STE 300 IELD MI 48075 activities of the corporation during the year covered by the corporation during the year covered by the property of the property o	y this report 3 AUS EDUCATIONAL PURPOSIS FAMILIES TO ATTAIN EDGRIETY BUSINESS OR RESIDENCE ADDRESS
The address of the register 31 PROV SOUTHER SOUTHER Describe the purpose and 50(C) C3) (A(M) FITTIVE Consider (Required) FOR (C) FOR (C)	red office in Michigan (a P.O. Box may not be designed) I DENCE DR STE 300 IELD MI 48075 activities of the corporation during the year covered by the corporation during the year covered by the property of the property o	y this report 3 AUS EDUCATIONAL PURPOSIS FAMILIES TO ATTAIN EDGRIETY BUSINESS OR RESIDENCE ADDRESS
Southfeld South Required Secretary (Required) Treasurer (Required) Tice President The Rich Control of the President (Required)	Please make your check or money order payable to the Michigan Department of	y this report AND EDUCATIONAL PURPESIZ FAMILIES TO ATTAIN ENGRISELY BUSINESS OR RESIDENCE ADDRESS PROUNDESCIZ DR SOSTAFIBO MI 4 O State of Michigan. Return this signed report with fee to: nt of Consumer & Industry Services cial Services, Corporation Division

Pathway Family Center

718903

Board of Directors

1999 Nonprofit Corporation Information update

Attachement

Name	Business or Residence Address
Terri Nissley	23100 Providence Dr., Suite 300, Southfield MI 48075
Scott Adler	23100 Providence Dr., Suite 300, Southfield MI 48075
Kathy Mechigian	23100 Providence Dr., Suite 300, Southfield MI 48075
Lynn Naoum	23100 Providence Dr., Suite 300, Southfield MI 48075
Sue Sherbow	23100 Providence Dr., Suite 300, Southfield MI 48075
Tim Youngblood	23100 Providence Dr., Suite 300, Southfield MI 48075
Carolyn Secord	23100 Providence Dr. Suite 300 Southfield MI 48075

F BCS/CD-2000 (08/01)

DEPARTMENT OF CONSUMER & INDUSTRY SERVICES BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION 2000 NONPROFIT CORPORATION INFORMATION UPDATE no changes from your previous filing check this box and proceed to Item 6. If the resident agent and/or



	FOR BUREAU USE ON	LY	
Identification Number 718903	Corporation name PATHWAY FAMILY CENTER	FILED BY DEPARTM	IENT JAN 18 2002
Resident agent name and mai	alling address of the registered office		
LYNN NAOUM 22180 WEST NIN	MEMILE ROAD 23100 PROVINCE	ACE DR, SUDE	E 300
SOUTHFIELD WI	48034-L18675	Tran:3 3E Chid: 4374 ID:, 7189	
		The second second second	
The address of the registered	l office	÷	
22180 WEST NINE	emileroad 23100 troudibacie w	ر. ا	
SOUTHFIELD MI	48034 DOLVE	300	,
	48075		
··			
1. Mailing address of register	red office in Michigan (may be a P.O. Box)	2. Resident	Agent
WOODA ZA	2	8A	SUDGA
, , , , , , , , , , , , , , , , , , , ,		s the address of the registered	office)
3. The address of the register	red office in Michigan (a P.O. Box may not be designated a	s the address of the registered	office)
3. The address of the register	red office in Michigan (a P.O. Box may not be designated a		office)
3. The address of the register AS ABOS 4. Describe the purpose and 50L (C 1 (3)	activities of the corporation during the year covered by this	report: AND ENGLATIONAL	AURPOSE.
3. The address of the register AS ABOS 4. Describe the purpose and a SOL (C.) (3) BENEFITING	red office in Michigan (a P.O. Box may not be designated a	report: AND EDUCATIONAL TAMILLES & AT	- Aurpose thin Souriety
3. The address of the register AS ABOS 4. Describe the purpose and a BOL (C) (3) BENEFITING 5.	red office in Michigan (a P.O. Box may not be designated a DE activities of the corporation during the year covered by this OPERATUS FOR CHARUTABLE YOUL PEOPLE AND THEIR F NAME BUSIN	report: And Educational Tamilies to At NESS OR RESIDENCE ADDRE	FIND SOCRETY
3. The address of the register AS AGOS 4. Describe the purpose and a SOL (C.) (3) BENEFITING 5. President (Required) TERA: C. N. Secretary (Required)	red office in Michigan (a P.O. Box may not be designated a DE STATE OF CHARLES OF SOULD FOR CHARLES OF SOULD FOR SOU	report: And Educational Tamilies to At NESS OR RESIDENCE ADDRE	FIND SOCRETY
3. The address of the register AS ABOS 4. Describe the purpose and a SOL (C.) (3) AENERITING 5. President (Required) TERRIC N Secretary (Required)	red office in Michigan (a P.O. Box may not be designated a DE activities of the corporation during the year covered by this OPERATUS FOR CHARUTABLE YOUL PEOPLE AND THEIR F NAME BUSIN	report: And Educational Tamilies to At NESS OR RESIDENCE ADDRE	FIND SOCRETY
3. The address of the register AS ABOS 4. Describe the purpose and a SOL (C) (3) A ENERT TWA 5. President (Required) TERRIC N Secretary (Required) Treasurer (Required)	red office in Michigan (a P.O. Box may not be designated a DE activities of the corporation during the year covered by this OPERATIVE FOR CHARITAGLE YOUL PEOPLE AND THEIR F NAME BUSIN 1.88LEY 23.00 ROULDEN NISSLEY	report: And Educational Tamilies to At NESS OR RESIDENCE ADDRE	FIND SOCRETY
3. The address of the register AS ABOS 4. Describe the purpose and a SOL (C) (3) AENEFITING 5. President (Required) TERRI C N Secretary (Required) LERRI C N Treasurer (Required)	red office in Michigan (a P.O. Box may not be designated a DE STATE OF CHARLES OF SOULD FOR CHARLES OF SOULD FOR SOU	report: And Educational Tamilies to At NESS OR RESIDENCE ADDRE	FIND SOCRETY
3. The address of the register AS ABOS 4. Describe the purpose and 50L (C) (3) BENEFITIALS 5. President (Required) Treasurer (Required) Vice President Director (Required)	red office in Michigan (a P.O. Box may not be designated a DE Control of the corporation during the year covered by this OPERATUS FOR CHARUTARLE YOUL PEOPLE AND THEIR FUSION NAME RUSIN NISSLEY 23100 PROUDEN NISSLEY NISSLEY NISSLEY NISSLEY NISSLEY NISSLEY	report: And Educational Tamilies to At NESS OR RESIDENCE ADDRE	FIND SOCRETY
3. The address of the register AS ABOS 4. Describe the purpose and a SOL (C.) (3) AENERITING 5. President (Required) TERRI C. N. Secretary (Required) Treasurer (Required) Vice President Director (Required) SER	red office in Michigan (a P.O. Box may not be designated a DE Control of the corporation during the year covered by this OPERATUS FOR CHARUTARLE YOUL PEOPLE AND THEIR FUSION NAME RUSIN NISSLEY 23100 PROUDEN NISSLEY NISSLEY NISSLEY NISSLEY NISSLEY NISSLEY	report: And Educational Tamilies to At NESS OR RESIDENCE ADDRE	FIND SOCRETY
3. The address of the register AS ABOS 4. Describe the purpose and a SOL (C.) (3) AENERITING 5. President (Required) TERRI C. N. Secretary (Required) Treasurer (Required) Vice President Director (Required) SER	red office in Michigan (a P.O. Box may not be designated a DE Control of the corporation during the year covered by this OPERATUS FOR CHARUTARLE YOUL PEOPLE AND THEIR FUSION NAME RUSIN NISSLEY 23100 PROUDEN NISSLEY NISSLEY NISSLEY NISSLEY NISSLEY NISSLEY	report: And Educational Tamilies to At NESS OR RESIDENCE ADDRE	FIND SOCRETY
3. The address of the register AS ABOS 4. Describe the purpose and SOL (C.) (3) AENERITING 5. President (Required) TERRIC N Secretary (Required) Vice President Director (Required) SECRIC N Director	red office in Michigan (a P.O. Box may not be designated a DE Control of the corporation during the year covered by this OPERATUS FOR CHARUTARLE YOUL PEOPLE AND THEIR FUSION NAME RUSIN NISSLEY 23100 PROUDEN NISSLEY NISSLEY NISSLEY NISSLEY NISSLEY NISSLEY	report: And Educational Tamilies to At NESS OR RESIDENCE ADDRE	FIND SOCRETY
3. The address of the register AS ABOS 4. Describe the purpose and SOL (C) (3) BENEFITING 5. President (Required) TERRI C N Secretary (Required) Treasurer (Required) Vice President Director (Required) S 22	red office in Michigan (a P.O. Box may not be designated a DE Control of the corporation during the year covered by this OPERATUS FOR CHARUTARLE YOUL PEOPLE AND THEIR FUSION NAME RUSIN NISSLEY 23100 PROUDEN NISSLEY NISSLEY NISSLEY NISSLEY NISSLEY NISSLEY	report: And Educational Tamilies to At NESS OR RESIDENCE ADDRE	FIND SOCRETY
3. The address of the register AS ABOV 4. Describe the purpose and SOL (C) (3) BENEFITING 5. President (Required) LEGAL Treasurer (Required) Vice President Director (Required) Director	red office in Michigan (a P.O. Box may not be designated a RE activities of the corporation during the year covered by this O PERATUS FOR CHARVEAGUE YOU'S PEOPLE AND THEIR F NAME BUSIN NISSLEY ACTIVATION BUSIN NISSLEY Lease make your check or money order payable to the State Michigan Department of Commercial Sc. P.O. Box 30702 Lansing, MI 48909-8202	RESS OR RESIDENCE ADDRE	- Aurpore thin Souriety ess tho, MI 480
3. The address of the register AS ABOS 4. Describe the purpose and 50L (C) (3) BENEFITIALS 5. Fresident (Required) TEAN C N Secretary (Required) Treasurer (Required) Vice President Director Director 6. The filling fee is \$10.00. Plane	activities of the corporation during the year covered by this OPERATURE FOR CHARLER AND THEIR FOR SILDS PRODUCES NAME NAME BUSIN NUSSLEY ACTUAL PEOPLE AND THEIR FOR SILDS PRODUCES NUSSLEY NUSSLEY ACTUAL PEOPLE AND THEIR FOR SILDS PRODUCES NISSLEY NISSLEY ACTUAL MEST Bureau of Commercial Services of Commercial	e of Michigan. Return this sign Consumer & Industry Services ervices, Corporation Division	ESS TELD, MI 480
3. The address of the register AS ABOS 4. Describe the purpose and SOL (C) (3) BENEFITING 5. President (Required) Treasurer (Required) Vice President Director Director	activities of the corporation during the year covered by this OPERATURE FOR CHARLER AND THEIR FOR SILDS PRODUCES NAME NAME BUSIN NUSSLEY ACTUAL PEOPLE AND THEIR FOR SILDS PRODUCES NUSSLEY NUSSLEY ACTUAL PEOPLE AND THEIR FOR SILDS PRODUCES NISSLEY NISSLEY ACTUAL MEST Bureau of Commercial Services of Commercial	e of Michigan. Return this sign.	- Aurpore thin Souriety ess tho, MI 480

718 903

Pathway Family Center **Board of Directors** 2000 Nonprofit Corporation Information update

Attachement

Name Business or Residence Address			
Terri Nissley	23100 Providence Dr., Suite 300, Southfield MI 48075		
Scott Adler	23100 Providence Dr., Suite 300, Southfield MI 48075		
Kathy Mechigian	23100 Providence Dr., Suite 300, Southfield MI 48075		
Lynn Naoum	23100 Providence Dr., Suite 300, Southfield MI 48075		
Sue Sherbow	23100 Providence Dr., Suite 300, Southfield MI 48075		
Ken Nissley	23100 Providence Dr., Suite 300, Southfield MI 48075		
Mark Wilcox	23100 Providence Dr., Suite 300, Southfield MI 48075		
Gary Kay	23100 Providence Dr., Suite 300, Southfield MI 48075		
John Delaney	23100 Providence Dr., Suite 300, Southfield MI 48075		

DEPARTMENT OF CONSUMER & INDUSTRY SERVICES BUREAU OF COMMERCIAL SERVICES - CORPORATION DIVISION

NONPROFIT CORPORATION INFORMATION UPDATE

Year 2000

1. IDENTIFICATION NU	WEEK			
3. Resident Agent 1		विराह्य	Tran=3 1544: 58 10:, 718	7
4a. Registered Office of the Registered Office	AOUM Address in Michigan (a P. Address in Mi	MET 480 ligan (may be a P.O. I OLUCE OR	2000 300 12 H	ED BY DEPARTMENT JAN 3,8 20
Ex: (-) 1	se and activities of the cor OPENATIVE PO SEMFITME YOU'L	poration during the ye CNALIDABL PENPLE AND	er covered by this report. IS AND BOUCKTING TRUER FAMILIES	
6. President (Required)	NAME		USINESS OR RESIDENC	
Secretary (Required) Treesurer (Required) USTM Vice President	C NISSUEL C NISSUEL	•	CONDEACE DE	SOBREMED ME 48035
Director (Required)	SE AFFACIAN	性の		
Director				
7. The filing fee is \$' and fee to:	Michigan Depart Bureau of Comn P.O. Box 30057 Lansing, MI 489 (517) 241-6460	iment of Consumer & nercial Services - Corp 109-7557	ndustry Services	chigan. Retum report
8. <u>Signature of</u> an au	thorized officer or agent		Date 14 Control	Phone (Optional)
4	100	C.00	1226.00	31 - 380 - 12

If more space is needed, additional pages may be included. Do not staple any items to the report.

AUTHORITY: P.A. 162 of 1982, as amended

COMPLETION: Mandatory

PENALTY: Dissolution of Business Entity

Pathway Family Center - Corporate Board

Scott Adler, V.P. of Community Integration
St. Joseph Mercy Macomb
43421 Garfield, Suite203
Clinton Township, MI 48038
(810) 263-2889
adlers@trinity-health.org

John Delaney, Executive Vice President Bright Point, Inc. 6402 Corporate Drive Indianapolis, IN 46278 (317) 387-5344 (317) 590-3332 - cell john_delaney@brightpoint.com

Steve Humke, Attorney
ICEMILLER
One American Square, Box 82001
Indianapolis, IN 46282-0002
humke@icemiller.com

Gary Kay, V.P. Operations
Image Process Design
36800 Woodward Ave. Suite 300
Bloomfield Hills, MI 48098
(248) 723-9733 x1146 – Office
gkay@ipdsolutions.com

Bill Linville, Executive VP-Industrial
Duke Realty
600 E. 96th St. Suite 100
Indianapolis, IN 46240
(317) 808-6000
Bill Linville@dukerealty.com

Kathy Mechigan 32724 Bingham Lane Bingham Farms, MI 48025

Marty Moore, President
The Moore Foundation
9100 Keystone Crossing Ste. 390
Indianapolis, IN 46240
moorefd@aol.com

Lynn Naoum, Attorney Vlcko, Lane, Payne & Broder PC 32100 Telegraph Rd Suite 200 Bingham Farms, MI 48025-2454 (248) 641-7922-Home (248) 280-9024-Work momesq33@aol.com

Dr. Chris Suelzer, Internist/Addictions IU School of Medicine 6401 Riverview Drive Indianapolis, IN 46220 csuelzer@iupui.edu

Mark Wilcox
The Garrison Company
32871 Middlebekt Road, Ste. 100
Farmington Hills, MI 48334
(248) 932-9100 – Office
(810) 602-0792 – Cell
mwilcox@garrisoncompany.com

BCS/CD-2000c (07/03)

DEPARTMENT OF CONSUMER INDUSTRY SERVICES BUREAU OF COMMERCIAL SERVICES CORPORATION DIVISION 2003 NONPROFIT CORPORATION INFORMATION UPDATE

FOR BUREAU USE ONLY



To certify there are no changes from your previous filing check this box and proceed to Item 6. If the resident agent and/or registered office has changed complete Items 1-6. If only officer and director information has changed complete Items 4-6.

718903 Corporation name PATHWAY FAMILY CENTER					FREUDY DEFARED T
Resident agent name and mailing LYNN NAOUM 23100 PROVIDENG SOUTHFIELD MI	CE DR STE 300	fice			RECEIVED 10 SEP 0 2 2003 Dept. of CIS
The address of the registered offi 23100 PROVIDENC SOUTHFIELD MI 4	E DR STE 300				
Mailing address of registered of the state of the st	office in Michigan (may be a	P.O. Box)		2.	Resident Agent
The address of the registered	office in Michigan (a P.O. Bo	ox may not be	designated as the a	address of the regis	dered office)
4. Describe the purpose and acti	vities of the corporation during	ng the year co	vered by this report		
5. N	IAME		BUSINE	SS OR RESIDENC	E ADDRESS
President (Required)					art to a few connections of the few connections of the state of the st
Secretary (Required)					, , , , , , , , , , , , , , , , , , ,
Treasurer (Required)					
Vice President					
Director (Required)		······			
Director					
Director					
6. The filing fee is \$10.00. The fo the State of Michigan. This ra October 1, 2003. Return this	eport must be filed on or befo	1 , 2003 throu ore	Michigan Departn	ment of Consumer & ercial Services, Con	
Signature of authorized officer or age Lerri (, T)	ent C	Presida	on f	8/71/03	Phone (Optional) (248) 443 - 6105

BCS/CD-2000 (11/04)

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION NONPROFIT CORPORATION INFORMATION UPDATE



2004

		man min the man		FOR BURE	AU USE ONLY				
lentification Number 71890:	3	Corporation name PATHWAY FAMIL							
LYNN NA	MUOA	ing address of the reg		ECE	VED		FILE	D	
SOUTHF				OFEB 1	. 5 2005		MAR -72		
week to			and the second	nt of		Bun	By Departm eau of Commerc	ent lai Services	
address of the r 23100 PR SOUTHFI	OVIDE	NCE DR STE 30	0						
registered offic	ce has ch	hanges from your panged complete ite	ms 1-6. If on	ly omcer an	box and proce d director info	eed to Item 6. mation has c	If the resident changed comple	ec iccins	
Mailing address	n regisiei	ed office in Michigan	(inay we dir	,					
The address of t		red office in Michigan					e registered office)	
The address of t		red office in Michigan					e registered office)	
The address of ti					ed by this repor	t:	e registered office		
The address of the pur		activities of the corpo			ed by this repor	t:			
The address of the purpose of the pu	pose and	activities of the corpo NAME quired)			ed by this repor	t:			
Pescribe the pur	pose and	activities of the corpo NAME quired)			ed by this repor	t:			
The address of the purpose of the pu	pose and resident (Re	activities of the corpo NAME quired) quired)			ed by this repor	t:			
Describe the pur president	pose and resident (Re ecretary (Re	nactivities of the corpo NAME quired) quired)			ed by this repor	t:			
The address of the pur Describe the pur f different han v If different than c	pose and resident (Re ecretary (Re reasurer (Re fice Presider	nactivities of the corpo NAME quired) quired)			ed by this repor	t:			
The address of the pur Describe the pur f different han President V If different than Officers	pose and resident (Re- ecretary (Re- reasurer (Re- rice President	nactivities of the corpo NAME quired) quired)			ed by this repor	t:			
The address of the pure the pu	pose and resident (Re evertary (Re reasurer (Re reasurer (Req rector (Req rector (Req rector (Req	nactivities of the corpo NAME quired) quired)		he year cover	ed by this repor	k or money or Department of Commercial 30767 MI 48909		State of Michlg	an.
The address of the pure the pure the pure that the pure that the pure that the pure that the pure the	pose and resident (Receivetary (Receivetary (Receive President (Requirector (Requir	NAME quired) quired) t tired)	2004.	he year cover	BUSINE BUSINE Busine Michigan Bureau of P.O. Box Lansing,	k or money or Department of Commercial 30767 MI 48909	der payable to the of Labor & Econor Services, Corpora	State of Michigate Growth Ation Division	