



Form Revision Date 07/2016

## NONPROFIT CORP ANNUAL REPORT (YEARS: 2015-PRESENT)

*(Required by Section 911, Act 162, Public Act of 1982)*

The identification number assigned by the Bureau is: 800827489

Annual Report Filing Year: 2018

1. Corporation Name:  
MICHIGAN ASSOCIATION FOR BILINGUAL EDUCATION, INC.

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: MAZIN HEIDERSON  
 2. Street Address: 503 MALL CT #331  
 Apt/Suite/Other:  
 City: LANSING  
 State: MI Zip Code: 48912

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: 503 MALL CT #331  
 Apt/Suite/Other:  
 City: LANSING  
 State: MI Zip Code: 48912

5. Provide the names and business or residence addresses of the corporation's board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	JONATHAN TOBAR	1258 SCOTT RIDGE DR., ADRIAN, MI 49221 USA
TREASURER	KRISTINA MARTINEZPRECIOUS	615 WEST WEDGEWOOD DR., MUSKEGON, MI 49445 USA
SECRETARY	ANDREW ROGERS	4115 BENJAMIN #5, ROYAL OAK, MI 48073 USA
DIRECTOR	MAZIN HEIDERSON	343 HIGHLAND AVENUE, EAST LANSING, MI 48823 USA
DIRECTOR	JONATHAN TOBAR	1258 SCOTT RIDGE DR., ADRIAN, MI 49221 USA
DIRECTOR	ANDREW ROGERS	4115 BENJAMIN #5, ROYAL OAK, MI 48073 USA
DIRECTOR	ERICA HILLIKER	5935 VIEWPOINT CT., BELMONT, MI 49306 USA
DIRECTOR	KRISTINA MARTINEZPRECIOUS	615 WEST WEDGEWOOD DR., MUSKEGON, MI 49445 USA

6. Describe the purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report:

THE PURPOSE OF MABE IS TO PROMOTE MULTILINGUAL EDUCATION IN MICHIGAN SO THAT ALL STUDENTS MAY PARTICIPATE IN EXPANDED EDUCATION OPPORTUNITIES AND TO SPONSOR WORKSHOPS FOR TEACHING EXCELLENCE.

Signed this 21st Day of September, 2018 by:

Signature	Title	Title if "Other" was selected
Mazin Heiderson	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline       Accept

***MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS***  
***FILING ENDORSEMENT***

***This is to Certify that the*** 2018 ANNUAL REPORT

***for***

MICHIGAN ASSOCIATION FOR BILINGUAL EDUCATION, INC.

***ID Number:*** 800827489

***received by electronic transmission on*** September 21, 2018 , ***is hereby endorsed.***

***Filed on*** September 21, 2018, ***by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 21st day of September, 2018.***

***Julia Dale, Director***

***Corporations, Securities & Commercial Licensing Bureau***