


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001034 1. Entity Name LOISELLE FOUNDATION, INC.	
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Principal Place of Business 865 S MAIN STREET 2 PLYMOUTH, MI 48170-2085	Mailing Address 865 S MAIN STREET 2 PLYMOUTH, MI 48170-2085
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01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0707679	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

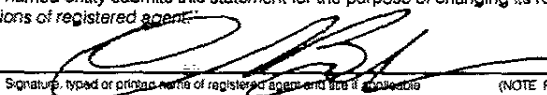
6. Name and Address of Current Registered Agent

BARBER, CHARLES F
1550 SOUTH HIGHLAND AVENUE
SUITE B
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE



Signature, typed or printed name of registered agent and the filer acceptable

(NOTE: Registered Agent signature required when reinstating)

Jan 16, 2007
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOISELLE, LAWRENCE 6445 WHITBY GARDEN CITY, MI 48135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOISELLE, JASON 865 S MAIN STREET, SUITE 2 PLYMOUTH, MI 481702085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOISELLE, RONALD 865 MAIN STREET, SUITE 2 PLYMOUTH, MI 481702046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000593140
01/22/07-80018-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-07 327 581-4727