

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001034

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: LOISELLE FOUNDATION, INC.

## Current Principal Place of Business:

865 S MAIN STREET  
2  
PLYMOUTH, MI 481702085

## New Principal Place of Business:

## Current Mailing Address:

865 S MAIN STREET  
2  
PLYMOUTH, MI 481702085

## New Mailing Address:

FEI Number: 20-0707679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MARIANI, TIMOTHY K  
1550 SOUTH HIGHLAND AVENUE  
SUITE B  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: LOISELLE, LAWRENCE  
Address: 6445 WHITBY  
City-St-Zip: GARDEN CITY, MI 48135

Title: PSTD ( ) Delete  
Name: LOSIELLE, JASON  
Address: 865 S MAIN STREET, SUITE 2  
City-St-Zip: PLYMOUTH, MI 481702085

Title: D ( ) Delete  
Name: LOISELLE, RONALD  
Address: 865 MAIN STREET, SUITE 2  
City-St-Zip: PLYMOUTH, MI 481702046

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON R. LOISELLE

PSTD

04/01/2009

Electronic Signature of Signing Officer or Director

Date