

		INUAL REPORT	Form Revision Date 07/2016		
(Required by Section 911, Act 162, Public Act of 1982)					
The identification number assigned by the Bureau is: 800879054					
Annual Report Filing Year:	2020				
1. Corporation Name:					
THE BISHOP NOA HOME FOR SENIOR CITIZENS					
 The street address of the corporation's registered office and the name of the resident agent at that office: Resident Agent Name: JAMIE LAFAVE 					
2. Street Address:	2900 3RD AVENUE SOUTH				
Apt/Suite/Other:	2700 SKD AVENUE SOUTH				
City:	ESCANABA				
State:	MI	Zip Code: 49829			
3. Mailing address of the corporation's registered office:					
P.O. Box or Street Address:	2900 3RD AVENUE SOUTH				
Apt/Suite/Other:					
City:	ESCANABA				
State:	MI	Zip Code: 49829			

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	SR. MARYANN LAURIN	1300 COUNTY RD. 492, MARQUETTE, MI 49855 USA
TREASURER	DALE FORD	7580 SOUTH LAKE BLUFF 0.5 DRIVE, GLADSTONE, MI 49837 USA
SECRETARY	SR. GLORIA SCHULTZ	2920 3RD AVE. SOUTH, ESCANABA, MI 49829 USA
DIRECTOR	FR. TIM FERGUSON	709 1ST AVENUE SOUTH, ESCANABA, MI 49829 USA
DIRECTOR	KAREN BERBOHM	6816 E. PEDERSON CIRCLE M.3 DRIVE, ESCANABA, MI 49829 USA
DIRECTOR	SR. JULIANA DJO	1300 COUNTY RD. 492, MARQUETTE, MI 49855 USA
DIRECTOR	RAY THEORET	2501 1ST AVE N, ESCANABA, MI 49829 USA
DIRECTOR	SUSAN BECKON	1714 GRAND AVE, ESCANABA, MI 49829 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:

SKILLED NURSING FACILITY

Signed this 4th Day of August, 2020 by:

Signature

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. jm Decline jm Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2020 ANNUAL REPORT

for

THE BISHOP NOA HOME FOR SENIOR CITIZENS

ID Number: 800879054

received by electronic transmission on August 04, 2020 , is hereby endorsed.

Filed on August 04, 2020 , *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 4th day of August, 2020.

Jinda C

Linda Clegg, Interim Director Corporations, Securities & Commercial Licensing Bureau