

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005715

Entity Name: AMV FOUNDATION, INC.

FILED  
Apr 06, 2009  
Secretary of State

## Current Principal Place of Business:

2199 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

2199 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 04-3793196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEWART AGENT SERVICES  
2199 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES, FL 33134 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: D ( ) Delete  
Name: STINSON, JR., LOUIS  
Address: 3860 STEWART AVE  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: D ( ) Delete  
Name: PEEPLES, L. GRANT  
Address: 155 OCEAN LANE, APT. 1101  
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

Title: D ( ) Delete  
Name: CRANE, STEPHEN V  
Address: P. O. BOX 578  
City-St-Zip: CAMDEN, ME 048430578 US

Title: D ( ) Delete  
Name: ESTRADA DE HELLMUND, SYLVIA HELENA  
Address: 430 GRAND BAY DRIVE APT. 1207  
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

Title: D ( ) Delete  
Name: ESTRADA DE WALLIS, ANA LUISA  
Address: 445 GRAND BAY DRIVE, APT. 801  
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: STINSON, JR., LOUIS  
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D (X) Change ( ) Addition  
Name: PEEPLES, L. GRANT  
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134 US

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: LOUIS STINSON, JR.

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date