

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005715

Entity Name: AMV FOUNDATION, INC.**Current Principal Place of Business:**110 MERRICK WAY
SUITE 3A
CORAL GABLES, FL 33134**Current Mailing Address:**110 MERRICK WAY
SUITE 3A
CORAL GABLES, FL 33134 US**FEI Number:** 04-3793196**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEWART AGENT SERVICES
110 MERRICK WAY
SUITE 3A
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	D
Name	STINSON, JR., LOUIS
Address	110 MERRICK WAY, SUITE 3A
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	CRANE, STEPHEN V
Address	P. O. BOX 578
City-State-Zip:	CAMDEN ME 04843-0578

Title	D
Name	ESTRADA DE WALLIS, ANA LUISA
Address	445 GRAND BAY DRIVE, APT. 801
City-State-Zip:	KEY BISCAYNE FL 33149

Title	D
Name	PEEPLS, L. GRANT
Address	110 MERRICK WAY SUITE 3A
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	ESTRADA DE HELLMUND, SYLVIA HELENA
Address	430 GRAND BAY DRIVE APT. 1207
City-State-Zip:	KEY BISCAYNE FL 33149

Title	SECRETARY
Name	STINSON, LOUIS
Address	110 MERRICK WAY SUITE 3A
City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: LOUIS STINSON JR**SECRETARY****04/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date