

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004403

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE AVE MARIA FOUNDATION (A CORPORATION)

Current Principal Place of Business:

ONE AVE MARIA DRIVE
ANN ARBOR, MI 48105

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 373
ANN ARBOR, MI 481060373 US

New Mailing Address:

FEI Number: 38-2514364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONEY, PAUL
1025 COMMONS CIRCLE
NAPLES, FL 34119 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: CP () Delete
Name: MONAGHAN, THOMAS S
Address: ONE AVE MARIA DRIVE
City-St-Zip: ANN ARBOR, MI 48105

Title: S () Delete
Name: RANDOLPH, JEFF
Address: ONE AVE MARIA DRIVE
City-St-Zip: ANN ARBOR, MI 48105

Title: T () Delete
Name: RONEY, PAUL
Address: 1025 COMMONS CIRCLE
City-St-Zip: NAPLES, FL 34119

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 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: PAUL RONEY

T

04/28/2006

Electronic Signature of Signing Officer or Director

Date