

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004146

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: AVE MARIA COMMUNICATIONS (INC.)

**Current Principal Place of Business:**

24 FRANK LLOYD WRIGHT DR.  
ANN ARBOR, MI 48105

**New Principal Place of Business:**

**Current Mailing Address:**

24 FRANK LLOYD WRIGHT DR.  
ANN ARBOR, MI 48105

**New Mailing Address:**

FEI Number: 38-3263675      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RONEY, PAUL  
5050 AVE MARIA BLVD., #327  
AVE MARIA, FL 34142 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: KRESTA, AL  
Address: 24 FRANK LLOYD WRIGHT DR.  
City-St-Zip: ANN ARBOR, MI 48105

Title: DVP ( ) Delete  
Name: JONES, MICHAEL  
Address: 24 FRANK LLOYD WRIGHT DR.  
City-St-Zip: ANN ARBOR, MI 48105

Title: D ( ) Delete  
Name: LEIPOLD, GORDON  
Address: 24 FRANK LLOYD WRIGHT DR.  
City-St-Zip: ANN ARBOR, MI 48105

Title: S ( ) Delete  
Name: FORREST, GEORGE  
Address: 24 FRANK LLOYD WRIGHT DR.  
City-St-Zip: ANN ARBOR, MI 48105

Title: T ( ) Delete  
Name: RONEY, PAUL  
Address: 1025 COMMONS CIR.  
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:

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: LEN SANCHEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SR A

04/30/2008

\_\_\_\_\_  
Date