## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006958

FILED Apr 30, 2008 Secretary of State

Entity Name: AVE MARIA UNIVERSITY LAND TRUST, INC.

Current Principal Place of Business: New Principal Place of Business:

1025 COMMONS CIRCLE 5050 AVE MARIA BLVD NAPLES, FL 34119 AVE MARIA, FL 34142

Current Mailing Address: New Mailing Address:

1025 COMMONS CIRCLE5050 AVE MARIA BLVDNAPLES, FL 34119AVE MARIA, FL 34142

FEI Number: 20-0155497 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NAPLES-LAWDOCK, INC. 1395 PANTHER LANE, SUITE 300 NAPLES, FL 34019 US

**OFFICERS AND DIRECTORS:** 

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

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## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DPT () Delete
 Title:
 DPT (X) Change () Addition

 Name:
 FORREST, III, GEORGE J
 Name:
 FORREST, III, GEORGE J

 Address:
 10025 COMMONS CIRCLE
 Address:
 24 FRANK LLOYD WRIGHT DR

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 ANN ARBOR, MI 48106

Title: DVP ( ) Delete Title: DVP (X) Change ( ) Addition Name: CARMICHAEL, KEVIN Name: CARMICHAEL, KEVIN

Address: 10025 COMMONS CIRCLE Address: 5050 AVE MARIA BLVD
City-St-Zip: NAPLES, FL 34119 City-St-Zip: AVE MARIA, FL 34142

 $\label{eq:title:DS} {\it Title:} \qquad {\it DS} \qquad (\ ) \ {\it Delete} \qquad \qquad {\it Title:} \qquad {\it DS} \qquad (\it X) \ {\it Change} \ (\ ) \ {\it Addition}$ 

 Name:
 HAINS, TIMOTHY G
 Name:
 HAINS, TIMOTHY G

 Address:
 10025 COMMONS CIRCLE
 Address:
 5050 AVE MARIA BLVD

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 AVE MARIA, FL 34142

Title: ( ) Delete Title: DVP ( ) Change (X) Addition
Name: SCHROTENBOER, DONALD
Address: SCHROTENBOER, DONALD
Address: 5050 AVE MARIA BLVD
City-St-Zip: AVE MARIA, FL 34142

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 SR A 04/30/2008