

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006958

FILED
Apr 22, 2009
Secretary of State

Entity Name: AVE MARIA UNIVERSITY LAND TRUST, INC.

Current Principal Place of Business:

5050 AVE MARIA BLVD
AVE MARIA, FL 34142

New Principal Place of Business:

Current Mailing Address:

5050 AVE MARIA BLVD
AVE MARIA, FL 34142

New Mailing Address:

FEI Number: 20-0154974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34019 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: DPT () Delete
Name: FORREST, III, GEORGE J
Address: 24 FRANK LLOYD WRIGHT DR
City-St-Zip: ANN ARBOR, MI 48106

Title: DVP () Delete
Name: CARMICHAEL, KEVIN
Address: 5050 AVE MARIA BLVD
City-St-Zip: AVE MARIA, FL 34142

Title: DS () Delete
Name: HAINS, TIMOTHY G
Address: 5050 AVE MARIA BLVD
City-St-Zip: AVE MARIA, FL 34142

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: DOYLE, BOBBY R JR
Address: 5050 AVE MARIA BLVD
City-St-Zip: AVE MARIA, FL 34142

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: GEORGE FORREST III

DPT

04/22/2009

Electronic Signature of Signing Officer or Director

Date