



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90033 009 \*\*\*\*61.25

<b>DOCUMENT # N04000004823</b> 1. Entity Name <b>AVE MARIA UNIVERSITY PREPARATORY SCHOOL, INC.</b>					
Principal Place of Business <b>201 S. TUTTLE AVE. SARASOTA, FL 34237</b>			Mailing Address <b>P.O. BOX 886 TALLEVAST, FL 34270</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40103000</b>  	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-1121086</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NAPLES-LAWDOCK, INC. C/O QUARLES &amp; BRADY LLP 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent Name <b>Sister Gilchrist Cottrill, CE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7380 PROSPECT RD</b> <b>SARASOTA</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34243</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="text-align: center; margin-top: 10px;"> <i>Principal of School</i> </div>					
SIGNATURE <u><i>Sister Gilchrist Cottrill, CE</i></u> <u><i>Sister Gilchrist Cottrill, CE</i></u> <u><i>5/15/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, KENNETH F 2260 BREMEN CT PUNTA GORDA, FL 33983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Timothy Hallinan</b> <b>2477 STICKNEY PT. RD</b> <b>SARASOTA, FL 34231</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRIDAS, DR ERIC MD 1126 MONTEREY BLVD NE ST PETERSBURG, FL 33704 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President <b>Gary Adams</b> <b>7416 PROSPECT RD</b> <b>SARASOTA, FL 34243</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP COTTRILL, SISTER GILCHRIST, CE 7380 PROSPECT RD SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUCH, MARTY 8742 MISTY CREEK DR SARASOTA, FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHOMA, RICHARD 24453 NOVA LANE PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SASVARI, KATHY 8203 OAK DRIVE PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Paul Jaworski B.D.S.</b> <b>7021 SCRUBS JAY RD</b> <b>SARASOTA, FL 34241</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<div style="text-align: center;"> <i>(Director)</i> </div>					
SIGNATURE: <u><i>Sister Gilchrist Cottrill</i></u> <u><i>Sister Gilchrist Cottrill</i></u> <u><i>5/15/08</i></u> <u><i>941-466-4076</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					