

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004823

FILED  
Oct 21, 2009  
Secretary of State

**Entity Name:** AVE MARIA UNIVERSITY PREPARATORY SCHOOL, INC.

**Current Principal Place of Business:**

201 S. TUTTLE AVE.  
SARASOTA, FL 34237

**New Principal Place of Business:**

6289 VERNA RD.  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

P.O. BOX 886  
TALLEVAST, FL 34270

**New Mailing Address:**

**FEI Number:** 20-1121086      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SISTER GILCHRIST COTTRILL CE  
7380 PROSPECT RD  
SARASOTA, FL 34243      US

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: SISTER GILCHRIST COTTRILL, CE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HALLINAN, TIMOTHY  
Address: 2477 STICKNEY PT RD  
City-St-Zip: SARASOTA, FL 34231

Title: VP      ( ) Delete  
Name: ADAMS, GARY  
Address: 7416 PROSPECT RD  
City-St-Zip: SARASOTA, FL 34243

Title: FVP      ( ) Delete  
Name: COTTRILL, SISTER GILCHRIST, CE  
Address: 7380 PROSPECT RD  
City-St-Zip: SARASOTA, FL 34232

Title: D      ( ) Delete  
Name: RAUCH, MARTY  
Address: 8742 MISTY CREEK DR  
City-St-Zip: SARASOTA, FL 34241

Title: T      ( ) Delete  
Name: CHOMA, RICHARD  
Address: 24453 NOVA LANE  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: S      ( ) Delete  
Name: JAWORSKI, PAUL DDS  
Address: 7021 SCRUBS JAY RD  
City-St-Zip: SARASOTA, FL 34241

**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:

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: SISTER GILCHRIST COTTRILL, CE

FVP

10/21/2009

Electronic Signature of Signing Officer or Director

Date