

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010905

FILED
Mar 02, 2005
Secretary of State

Entity Name: FOUNDERS OF AVE MARIA UNIVERSITY, INC.

Current Principal Place of Business:

1025 COMMONS CIRCLE
NAPLES, FL 33419

New Principal Place of Business:

Current Mailing Address:

1025 COMMONS CIRCLE
NAPLES, FL 33419

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONEY, PAUL
1025 COMMONS CIRCLE
NAPLES, FL 33419 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: DC () Delete
Name: MONAGHAN, THOMAS S
Address: 1025 COMMONS CIRCLE
City-St-Zip: NAPLES, FL 33419

Title: DVC () Delete
Name: HEALY, NICK
Address: 1025 COMMONS CIRCLE
City-St-Zip: NAPLES, FL 33419

Title: DT () Delete
Name: RONEY, PAUL
Address: 1025 COMMONS CIRCLE
City-St-Zip: NAPLES, FL 33419

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRENNAN PERGI

CBO

03/02/2005

Electronic Signature of Signing Officer or Director

Date