

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010918

Entity Name: AVE MARIA MISSIONS, INC.

FILED  
Apr 24, 2009  
Secretary of State

## 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: 20-1787129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUERNSEY, DAN  
4955 SETON WAY  
AVE MARIA, FL 34142 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: PSD ( ) Delete  
Name: GUERNSEY, DAN  
Address: 4955 SETON WAY  
City-St-Zip: AVE MARIA, FL 34142

Title: VD ( ) Delete  
Name: RONEY, PAUL  
Address: 5050 AVE MARIA BLVD  
City-St-Zip: AVE MARIA, FL 34142

Title: TD ( ) Delete  
Name: FORREST, GEORGE  
Address: ONE AVE MARIA DRIVE  
City-St-Zip: ANN ARBOR, MI 48105

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: MD ( ) Change (X) Addition  
Name: RODRIQUEZ-VILLA, CARMINA  
Address: 4955 SETON WAY  
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

04/24/2009

Electronic Signature of Signing Officer or Director

Date