


FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005889 (7)**

1. Corporation Name

AVE MARIA ACADEMY, INC.



Principal Place of Business 319 14TH AVE S JACKSONVILLE BEACH FL 32250	Mailing Address 319 14TH AVE S JACKSONVILLE BEACH FL 32250
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3. Date Incorporated or Qualified
10/17/1997

4. FEI Number 59-3475284	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 391 14th Ave South Suite, Apt. #, etc. 22 City & State 23 Jax Beach, FL Zip 24 32250 Country 25	2a. Mailing Address 26 391 14th Ave S Suite, Apt. #, etc. 27 City & State 28 Jax Beach, FL Zip 29 32250 Country 30
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAKOWSKI, RAYMOND E ESQ.
888 SOUTH 3RD ST
JACKSONVILLE BEACH FL 32250**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	DONNA B. Williams
STREET ADDRESS	391 14th Ave South
CITY-ST-ZIP	JACKSONVILLE BEACH
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD Donna B. Williams
1.3 STREET ADDRESS	391 14th Ave. South
1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD J. CHRISTOPHER Williams
2.3 STREET ADDRESS	391 14th Ave. South
2.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Richard Miller
3.3 STREET ADDRESS	428 Osceola Avenue
3.4 CITY-ST-ZIP	Jax Beach, FL 32250
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP Laura Miller
4.3 STREET ADDRESS	428 Osceola Avenue
4.4 CITY-ST-ZIP	Jax Beach, FL 32250
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Christopher Williams

2-17-98

904 242-0094

CR2E037 (10/97)