

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000005889

FILED
Apr 08, 2003
Secretary of State

Entity Name: AVE MARIA ACADEMY, INC.

Current Principal Place of Business:

391 14TH AVE S
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

391 14TH AVE S
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-3475284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKOWSKI, RAYMOND E ESQ.
886 SOUTH 3RD ST
JACKSONVILLE BEACH, FL 32250 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: PD () Delete
Name: DONNA B WILLIAMS,
Address: 391 14TH AVE S
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: SD () Delete
Name: J CHRISTOPHER WILLIA, MS
Address: 391 14TH AVE S
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: TD () Delete
Name: RICHARD MILLER,
Address: 428 OSCEOLA AVE
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: VP () Delete
Name: LAURA MILLER,
Address: 428 OSCEOLA AVE
City-St-Zip: JACKSONVILLE BCH, FL 32250

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:

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: JON C. WILLIAMS

D

04/08/2003

Electronic Signature of Signing Officer or Director

Date