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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90081 032 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000004618**

1. Corporation Name

**MOTHER OF THE EUCHARIST ACADEMY, INC.**

Principal Place of Business  
**1385 VOLTAIRE ST.  
DELTONA FL 32725**

Mailing Address  
**1385 VOLTAIRE ST.  
DELTONA FL 32725**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/06/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3532264	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

**LYNCH, STEVEN  
1385 VOLTAIRE ST.  
DELTONA FL 32725**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANSBERRY, CHRISTOPHER	1.2 NAME	Azziza Stansberry
STREET ADDRESS	1100 S. PARK AVE.	1.3 STREET ADDRESS	1100 S. Park Ave
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	Sanford FL 32771
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODRICH, JOHN	2.2 NAME	Lora Goodrich
STREET ADDRESS	2799 FAYSON CIR.	2.3 STREET ADDRESS	2799 Fayson Cir
CITY-ST-ZIP	DELTONA FL 32725	2.4 CITY-ST-ZIP	Deltona FL 32725
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHERMERHORN, KELLY	3.2 NAME	Caroline Schermerhorn
STREET ADDRESS	512 BLACKSTONE AVE.	3.3 STREET ADDRESS	512 Blackstone Ave
CITY-ST-ZIP	DELTONA FL 32725	3.4 CITY-ST-ZIP	Deltona FL 32725
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, STEVEN	4.2 NAME	Susan Lynch
STREET ADDRESS	1385 VOLTAIRE ST.	4.3 STREET ADDRESS	1385 Voltaire St
CITY-ST-ZIP	DELTONA FL 32725	4.4 CITY-ST-ZIP	Deltona FL 32725
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Susan Lynch* **SIGNATURE REQUIRED**

2/2/99

904-532-3488

CR2E037 (11/98)