

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90058 001 ****61.25

DOCUMENT # N98000004618

1. Entity Name

MOTHER OF THE EUCHARIST ACADEMY, INC.

Principal Place of Business

Mailing Address

1385 VOLTAIRE ST.
 DELTONA FL 32725

1385 VOLTAIRE ST.
 DELTONA FL 32725-1789

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532266

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LYNCH, STEVEN
1385 VOLTAIRE ST.
DELTONA FL 32725

8. 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

(Signature) typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANSBERRY, CHRISTOPHER	
STREET ADDRESS	1100 S. PARK AVE.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODRICH, JOHN	
STREET ADDRESS	2799 FAYSON CIR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHERMERHORN, KELLY	
STREET ADDRESS	512 BLACKSTONE AVE.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, STEVEN	
STREET ADDRESS	1385 VOLTAIRE ST.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANSBERRY, AZIAZ	
STREET ADDRESS	1100 S. PARK AVE.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHERMERHORN, CAROLINE	
STREET ADDRESS	512 BLACKSTONE AVENUE	
CITY-ST-ZIP	DELTONA FL 32725	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lora Goodrich	
STREET ADDRESS	2799 Fayson Circle	
CITY-ST-ZIP	Deltona FL 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Lynch	
STREET ADDRESS	1385 Voltaire St	
CITY-ST-ZIP	Deltona FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Lynch **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00
 Date

904-532-3488
 Daytime Phone #

CR2E037 (9/99)