

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3532266

Applied For

Not Applicable

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

LYNCH, STEVEN
1385 VOLTAIRE ST.
DELTONA FL 32725

Name

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

City

FL

Zip Code

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODRICH, LORA	
STREET ADDRESS	2799 FAYSON CIRCLE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODRICH, JOHN	
STREET ADDRESS	2799 FAYSON CIR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, SUSAN	
STREET ADDRESS	1385 VOLTAIRE ST	
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	Director	<input type="checkbox"/> Delete
NAME	Ain-Julie Zischkau	
STREET ADDRESS	2700 Pine Grove Ave	
CITY-ST-ZIP	Deltona FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Susan Lynch

4/24/01

904-530-3488

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90046 040 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)