

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004618

1. Entity Name

MOTHER OF THE EUCHARIST ACADEMY, INC.

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90149 016 ****61.25

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

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

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

Steven F Lynch *4/15/02*
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 ☒ Delete
NAME GOODRICH, LORA
STREET ADDRESS 2799 FAYSON CIRCLE
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME GOODRICH, JOHN
STREET ADDRESS 2799 FAYSON CIR.
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LYNCH, SUSAN
STREET ADDRESS 1385 VOLTAIRE ST
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LYNCH, STEVEN
STREET ADDRESS 1385 VOLTAIRE ST.
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ZISCHKAU, ANN-JULIE
STREET ADDRESS 2760 PINE GROVE AVENUE
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Ann Julie Zischkau* ANN-JULIE ZISCHKAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (386)532-6600

Date

Daytime Phone #

CR2E037 (9/01)

Attachment



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

#W9800004618

777485

OFFICER / DIRECTOR RESIGNATION

I, Lora Goodrich, hereby resign as Treasurer
(Title)

of Mother of the Eucharist Academy Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Lora L. Goodrich
(Signature of resigning officer/director)

received
12/13/01

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Attachment



#V98000004618

777485

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

I, John Goodrich, hereby resign as President
(Title)

of Mother of the Eucharist Academy Inc
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

John C. Goodrich
(Signature of resigning officer/director)

received
12/13/01

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
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P.O. Box 6327
Tallahassee, FL 32314**