2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001691

Entity Name: CATHOLIC EDUCATION ASSISTANCE FUND, INC.

Current Principal Place of Business:

5128 ALCOTT LANE
AVE MARIA, FL 34142

Current Mailing Address:

5128 ALCOTT LANE
AVE MARIA, FL 34142 US

FEI Number: 26-1987730

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAW OFFICE OF CONRAD WILLKOMM, P.A.
3201 TAMIAMI TRAIL NORTH, SECOND FLOOR
NAPLES, FL 34103 US

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

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	LABRECHE, BRENT	Name	FAIRCHILD, QUENTIN B
Address	19353 CYPRESS VIEW DRIVE	Address	5128 ALCOTT LANE
City-State-Zip:	FORT MYERS FL 33967	City-State-Zip:	AVE MARIA FL 34142
Title	CHPL	Title	DIRECTOR
Name	MCGUIGAN, REV. HUGH J	Name	AUSTIN , TERRENCE
Address	19680 CYPRESS VIEW DRIVE	Address	3412 DANDOLO CIRCLE
City-State-Zip:	FORT MYERS FL 33967	City-State-Zip:	CAPE CORAL FL 33909
Title	DIRECTOR	Title	DIRECTOR
Name	GOODLUNIS, JOHN	Name	LESNIAK, NICK R
Address	312 SOUTHEAST 21ST AVENUE	Address	12953 TURTLE COVE TRAIL
City-State-Zip:	CAPE CORAL FL 33990	City-State-Zip:	NORTH FORT MYERS FL 33903
Title	TREASURER		
Name	ERCOLINO, JOSEPH D.		
Address	16653 CALISTOGA DR.		
City-State-Zip:	BONITA SPRINGS FL 34135		

I hereby 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 all other like empowered.

SIGNATURE: EPHRAIM REYES CAANGAY   FORMER DIRECTOR   05/02/2022

Electronic Signature of Signing Officer/Director Detail   Date