

**2021 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  
Name            LABRECHE, BRENT  
Address        19353 CYPRESS VIEW DRIVE  
City-State-Zip: FORT MYERS FL 33967

Title            SECRETARY  
Name            FAIRCHILD, QUENTIN B  
Address        5128 ALCOTT LANE  
City-State-Zip: AVE MARIA FL 34142

Title            CHPL  
Name            MCGUIGAN, REV. HUGH J  
Address        19680 CYPRESS VIEW DRIVE  
City-State-Zip: FORT MYERS FL 33967

Title            DIRECTOR  
Name            AUSTIN , TERRENCE  
Address        3412 DANDOLO CIRCLE  
City-State-Zip: CAPE CORAL FL 33909

Title            DIRECTOR  
Name            GOODLUNIS, JOHN  
Address        312 SOUTHEAST 21ST AVENUE  
City-State-Zip: CAPE CORAL FL 33990

Title            TREASURER  
Name            CAANGAY, EPHRAIM R.  
Address        5128 ALCOTT LANE  
City-State-Zip: AVE MARIA FL 34142

Title            DIRECTOR  
Name            LESNIAK, NICK R  
Address        12953 TURTLE COVE TRAIL  
City-State-Zip: NORTH FORT MYERS FL 33903

*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

**TREASURER**

**03/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date