

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003921

Entity Name: MOTHER OF DIVINE GRACE, INC.**Current Principal Place of Business:**407 BRYANT CIRCLE, STE C
OJAI, CA 93023**Current Mailing Address:**407 BRYANT CIRCLE, STE C
OJAI, CA 93023 US**FEI Number:** 20-8607181**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KUENSTLE, ANDREW
5179 BECKTON RD
AVE MARIA, FL 34142-5034 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	C
Name	BERQUIST, LAURA
Address	407 BRYANT CIRCLE, STE C
City-State-Zip:	OJAI CA 93023

Title	D
Name	SCHUBERG, BETH
Address	407 BRYANT CIRCLE, STE C
City-State-Zip:	OJAI CA 93023

Title	D
Name	HAYDEN, STEVEN
Address	407 BRYANT CIRCLE, STE C
City-State-Zip:	OJAI CA 93023

Title	S
Name	HAYDEN, MARGARET
Address	407 BRYANT CIRCLE, STE C
City-State-Zip:	OJAI CA 93023

Title	D
Name	DOME, FR. THOMAS
Address	407 BRYANT CIRCLE, STE C
City-State-Zip:	OJAI CA 93023

Title	D
Name	WALDSTEIN, PATER E
Address	407 BRYANT CIRCLE, STE C
City-State-Zip:	OJAI CA 93023

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: STEVEN E HAYDEN**EXECUTIVE DIRECTOR****03/16/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date