

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:23

DOCUMENT # F94000005963 (3)

1. Corporation Name

CENTER FOR THE DIVINE WILL, INC. - OUR LADY'S FOUNDATION

Principal Place of Business

215 EAST DR.
DAYTON OH 45419

Mailing Address

215 EAST DR.
DAYTON OH 45419

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

N/A

4. FBI Number

31-1338206

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

U.S.A.

28 Zip

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental

Tax Exempt Status

Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

FAHY, THOMAS M
4451 IROQUOIS AVE.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Thomas M. Fahy

Signature, typed or printed name of registered agent and file # (if applicable)

(NOTE: Registered Agent signature required when renewing)

1/26/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPT
NAME	KESSLER, ROBERT H
STREET ADDRESS	215 EAST DR.
CITY - ST - ZIP	DAYTON OH 45419
TITLE	CVS
NAME	FAHY, THOMAS M
STREET ADDRESS	4451 IROQUOIS AVE.
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	D
NAME	WEBER, H. PATRICK
STREET ADDRESS	400 ATLAS BLDG., 524 WALNUT ST.
CITY - ST - ZIP	CINCINNATI OH 45202
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if applicable, on an attachment with an address.

SIGNATURE:

Robert H. Kessler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/95

513-293-6261

(Type)

(Typed Name)