FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002621 (0)

1. Corporation Name

THE INSTITUTE OF THE DIVINE WILL, INC.

Principal Place of Business	Mailing Address
4451 IROQUOIS AVE. JACKSONVILLE FL 32210	4451 IROQUOIS AVE. JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:
4. FEI Number: 59-3242756 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental 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 IROQUIOS 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 ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	(P/T/D)	☑ Change ☐ Addition
NAME		1.2 NAME	~~Thomas~~ M. Fahy	(nothing in Block 12)
STREET ADDRESS		1.3 STREET ADDRESS	4451 IROQUOIS AVE	
CITY ST ZIP		1.4 CITY ST ZIP	Jacksonville, FL 32210	
TITLE		2.1 TITLE	(S/D)	☑ Change ☐ Addition
NAME		2.2 NAME	Katherine M. Fahy	(nothing in Block 12)
STREET ADDRESS		2.3 STREET ADDRESS	4451 IROQUOIS AVE	
CITY ST ZIP		2.4 CITY ST ZIP	Jacksonville, FL 32210	
TITLE		3.1 TITLE	(V/D)	☑ Change ☐ Addition
NAME		3.2 NAME	Charles Valentine	(nothing in Block 12)
STREET ADDRESS		3.3 STREET ADDRESS	153 San Juan ~~Ave~~ DRIVE	
CITY ST ZIP		3.4 CITY ST ZIP	Ponte Vedra Beach, FL 32082	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		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)(k), 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 changed, or on an attachment with an address.

SIGNATURE: Thomas M. Fahy — 5/1/95 — 904-388-2426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #