

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # N94000002621 (0)

1. Corporation Name

THE LUISA PICCARRETA CENTER FOR THE DIVINE WILL, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1994		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-3242756		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FAHY, THOMAS M 4451 IROQUOIS AVE. JACKSONVILLE FL 32210				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHY, THOMAS M.	12 NAME	
STREET ADDRESS	4451 IROQUOIS AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHY, KATHERINE M.	22 NAME	<i>S</i> FAHY, Katherine M.
STREET ADDRESS	4451 IROQUOIS AVE.	23 STREET ADDRESS	4451 IROQUOIS AVE
CITY - ST - ZIP	JACKSONVILLE FL	24 CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, CHARLES	32 NAME	
STREET ADDRESS	193 SAN JUAN DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRE BEACH FL	34 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, FRANCES A	42 NAME	
STREET ADDRESS	3610 SHELLIE CT	43 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL 32926	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	\$61.25
STREET ADDRESS		63 STREET ADDRESS	\$61.25
CITY - ST - ZIP		64 CITY - ST - ZIP	Dep by Bank

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* **2/2** **904-389-2426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)