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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002621 (0)**

1. Corporation Name

**THE LUISA PICCARRETA CENTER FOR THE DIVINE WILL,
INC.**

Principal Place of Business

Mailing Address

**4451 IROQUOIS AVE.
JACKSONVILLE FL 32210**

**4451 IROQUOIS AVE.
JACKSONVILLE FL 32210-6031**



3. Date Incorporated or Qualified
05/19/1994

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

21 4555-1 San Juan Ave

2a. Mailing Address

26 Suite, Apt #, etc.

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32210

Country

25 Duval

Zip

29 32210

Country

30 USA

4. FEI Number

59-3242756

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ 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 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **FAHY, THOMAS M.**
STREET ADDRESS **4451 IROQUOIS AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **S FAHY, KATHERINE M.**
STREET ADDRESS **4451 IROQUOIS AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD VALENTINE, CHARLES**
STREET ADDRESS **183 SAN JUAN DRIVE**
CITY-ST-ZIP **PONTE VEDRE BEACH FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **TD ELLISON, FRANCES A**
STREET ADDRESS **3610 SHELLIE CT.**
CITY-ST-ZIP **COCOA FL 32928**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**Director
Rev. B. Thomas Celso
163 Patterson Rd.
Newark, NY 14513-9119**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Director
CARMINE DANCANGELO
142 Fuller Ave
CORNING, NY 14830-1317**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Thomas M. Fahy**

1/30/97

904-381-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0006365

CR2E037 (9/96)