

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4555-1 SAN JUAN AVE. JACKSONVILLE FL 32210 US</b>	Mailing Address <b>4451 IROQUOIS AVE. JACKSONVILLE FL 32210</b>
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3. Date Incorporated or Qualified <b>05/19/1994</b>	
4. FEI Number <b>59-3242756</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 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 <b>PTD</b>	NAME <b>FAHY, THOMAS M.</b>	1.1 TITLE <b>D</b>	1.2 NAME <b>Nancy Ann Skola</b>
STREET ADDRESS <b>4451 IROQUOIS AVE.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	1.3 STREET ADDRESS <b>3750 Bramble Rd.</b>	1.4 CITY-ST-ZIP <b>Jacksonville FL 32210</b>
TITLE <b>S</b>	NAME <b>FAHY, KATHERINE M.</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>4451 IROQUOIS AVE.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>VD</b>	NAME <b>VALENTINE, CHARLES</b>	3.1 TITLE <b>D</b>	3.2 NAME <b>Cynitha Lynn Gardner</b>
STREET ADDRESS <b>193 SAN JUAN DRIVE</b>	CITY-ST-ZIP <b>PONTE VEDRE BEACH FL</b>	3.3 STREET ADDRESS <b>8110 Sabal Oak Lane</b>	3.4 CITY-ST-ZIP <b>Jacksonville FL 32256</b>
TITLE <b>TD</b>	NAME <b>ELLISON, FRANCES A</b>	4.1 TITLE <b>TD</b>	4.2 NAME <b>Ellison, Frances A.</b>
STREET ADDRESS <b>3810 SHELLIE CT.</b>	CITY-ST-ZIP <b>COCOA FL 32926</b>	4.3 STREET ADDRESS <b>4451 Iroquois Ave</b>	4.4 CITY-ST-ZIP <b>Jacksonville FL 32210</b>
TITLE <b>D</b>	NAME <b>REV B. THOMAS CELSO</b>	5.1 TITLE	5.2 NAME
STREET ADDRESS <b>163 PATTERSON RD.</b>	CITY-ST-ZIP <b>NEWARK NY 19</b>	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>CARMINE DARCANGELO</b>	6.1 TITLE <b>VD</b>	6.2 NAME <b>Valentine, Charles</b>
STREET ADDRESS <b>142 FULLER AVE.</b>	CITY-ST-ZIP <b>CORNING NY 17</b>	6.3 STREET ADDRESS <b>100 Neptune Ct.</b>	6.4 CITY-ST-ZIP <b>Ponte Vedre Beach FL 32082</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Frances A. Ellison* **FRANCES A. ELLISON** 2/18/98 904-381-1220

CF2E037 (10/97)