

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90035 041 \*\*\*\*70.00

0005266

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002621  
1. Corporation Name  
**THE LUISA PICCARRETA CENTER FOR THE DIVINE WILL, INC.**

Principal Place of Business: 4555-1 SAN JUAN AVE. JACKSONVILLE FL 32210 US  
Mailing Address: 4451 IROQUOIS AVE. JACKSONVILLE FL 32210



|    |                                |    |                     |   |  |
|----|--------------------------------|----|---------------------|---|--|
| 21 | 2. Principal Place of Business | 2a | 2a. Mailing Address | 3 | 3. Date Incorporated or Qualified                                  |
|    | Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |   | 05/19/1994   |
| 22 | 22                             | 27 | 27                  | 4 | 4. FEI Number  |
|    | City & State                   |    | City & State        |   | 59-3242756   |
| 23 | 23                             | 28 | 28                  | 5 | 5. Certificate of Status Desired                                   |
|    | Zip                            |    | Zip                 |   | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | 24                             | 29 | 29                  | 6 | 6. Election Campaign Financing                                     |
|    | Country                        |    | Country             |   | <input type="checkbox"/> \$5.00 May Be Added to Fees               |

|   |  |  |  |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent               |  | 10. Name and Address of New Registered Agent |  |
| FAHY, THOMAS M<br>4451 IROQUOIS AVE.<br>JACKSONVILLE FL 32210 |  | 81   | Name   |
|   |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|   |  | 83   |  |
|   |  | 84   | City   |
|   |  | 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                      | PTD <input type="checkbox"/> DELETE           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FAHY, THOMAS M.                               | 1.2 NAME  |  |
| STREET ADDRESS             | 4451 IROQUOIS AVE.                            | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL                               | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SKOLA, NANCY A                                | 2.2 NAME  |  |
| STREET ADDRESS             | 3750 BRAMBLE RD                               | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32210                         | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VALENTINE, CHARLES                            | 3.2 NAME  |  |
| STREET ADDRESS             | 193 SAN JUAN DRIVE                            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PONTE VEDRE BEACH FL                          | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELLISON, FRANCES A                            | 4.2 NAME  | FRANCES A. ELLISON   |
| STREET ADDRESS             | 4451 IROQUOIS AVE                             | 4.3 STREET ADDRESS                                    | 3946 ST. JOHNS AVE, APT #42  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32210                         | 4.4 CITY-ST-ZIP                                       | JACKSONVILLE FL 32205  |
| TITLE                      | D <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GARDNER, CYNITHA L                            | 5.2 NAME  |  |
| STREET ADDRESS             | 8110 SABAL OAK LANE                           | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JACKSONVILLE FL 32256                         | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VALENTINE, CHARLES                            | 6.2 NAME  |  |
| STREET ADDRESS             | 100 NEPTUNE CT                                | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | PONTE VEDRE BEACH FL 32082                    | 6.4 CITY-ST-ZIP                                       |  |

14. I 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, with all other like empowered.

SIGNATURE: *Frances A. Ellison* REQUIRED 1-5-99 Date: 904-381-1220 Daytime Phone #

CR2E037 (11/98)