

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90064 022 ****61.25

001647

DOCUMENT # N94000002621

1. Entity Name

THE LUISA PICCARRETA CENTER FOR THE DIVINE WILL,

Principal Place of Business

Mailing Address

4555-1 SAN JUAN AVE.
 JACKSONVILLE FL 32210
 US

4451 IROQUOIS AVE.
 JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3242756

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAHY, THOMAS M
4451 IROQUIOS AVE.
JACKSONVILLE FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
D
SKOLA, NANCY A
3750 BRAMBLE RD
JACKSONVILLE FL 32210

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
TD
ELLISON, FRANCES A
3946 ST. JOHNS AVENUE, APT. #42
JACKSONVILLE FL 32205

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
D
GARDNER, CYNITHA L
8110 SABAL OAK LANE
JACKSONVILLE FL 32256

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
D Michael Gardner Change Addition
8110 SABAL OAK LANE
JACKSONVILLE, FL 32256

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
VD
VALENTINE, CHARLES
100 NEPTUNE CT
PONTE VEDRE BEACH FL 32082

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
V Valentine, Charles Change Addition
100 NEPTUNE CT
Ponte Vedra Bch, FL 32082

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
D Patricia Yacalavitch Change Addition
1967 Choctaw Trail
Middleburg, FL 32068

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature
 2-19-01

Date

904-381-1220

Daytime Phone #

CR2E037 (10/00)