

**2002 UNIFORM BUSINESS REPORT (UBR) +**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90005 027 \*\*\*\*70.00

**DOCUMENT # N94000002621**

1. Entity Name

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

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

4. FEI Number **59-3242756**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAHY, THOMAS M**  
**4451 IROQUOIS 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	PTD	<input type="checkbox"/> Delete
NAME	FAHY, THOMAS M.	
STREET ADDRESS	4451 IROQUOIS AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKOLA, NANCY A	
STREET ADDRESS	3750 BRAMBLE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELLISON, FRANCES A	
STREET ADDRESS	3946 ST. JOHNS AVENUE, APT. #42	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, MICHAEL	
STREET ADDRESS	8110 SABAL OAK LN	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, CHARLES	
STREET ADDRESS	100 NEPTUNE CT	
CITY-ST-ZIP	PONTE VEDRE BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	YACALAVITCH, PATRICK	
STREET ADDRESS	1967 CHOCTAW TRL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hugh OWEN	
STREET ADDRESS	301 South MAIN ST.	
CITY-ST-ZIP	WOODSTOCK, VA 22664	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHERINE FAHY	
STREET ADDRESS	4451 IROQUOIS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YACALAVITCH, PATRICIA (Female)	
STREET ADDRESS	1967 Choctaw TRL	
CITY-ST-ZIP	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)(i), 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:** *Thomas M. Fahy* **THOMAS M. FAHY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02 904-381-1220  
 (04) 904-389-2426  
 Date Daytime Phone #

CR2E037 (9/01)