2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002621

FILED Jan 26, 2004 Secretary of State

Entity Name: THE LUISA PICCARRETA CENTER FOR THE DIVINE WILL, INC.

### Addition Name: FAHY, KATHERINE Name: ELLISON, FRANCES A Address: 4451 IROQUIOS AVE US City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: City-St	Current P	rincipal Place of Business:	New Principal Place of Business:	
### Address: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: PD () Delete Name: FAHY, KATHERINE Name: FAHY, KATHERINE Name: FAHY, KATHERINE Name: FAHY, KATHERINE Name: ELLISON, FRANCES A Address: 4451 IROQUIOS AVE Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: City				
FEI Number: 59-3242756 FEI Number Applied For (Current Mailing Address:		New Mailing Address:	
Name and Address of Current Registered Agent: FAHY, THOMAS M 4451 IROQUIOS AVE. JACKSONVILLE, FL 32210 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent				
FAHY, THOMAS M 4451 IROQUIOS AVE. JACKSONVILLE, FL 32210 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or being the state of Florida. SIGNATURE: Electronic Signature of Registered Agent	FEI Number:	: 59-3242756 FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
4451 IROQUIOS AVE. JACKSONVILLE, FL 32210 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
In the State of Florida SIGNATURE: Electronic Signature of Registered Agent	4451 ÍROG	QUIOS AVE.		
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTIVE: PD () Delete Title: () Change () Addition Name: FAHY, THOMAS M. Address: 4451 IROQUOIS AVE. City-St-Zip: JACKSONVILLE, FL Title: S () Delete Name: () Change () Addition Name: FAHY, KATHERINE Name: () Change () Addition Name: FAHY, KATHERINE Name: () City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: ELLISON, FRANCES A Name: Address: () City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: ELLISON, FRANCES A Name: Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: GARDNER, MICHAEL Name: Address: () City-St-Zip: Title: D () Delete Title: () Change () Addition Name: GARDNER, MICHAEL Name: Address: () City-St-Zip: Title: VD () Delete Title: D (X) Change () Addition Name: OWEN, HUGH Name: VALENTINE, CHARLES Address: 301 SOUTH MAIN STREET Address: 100 NEPTUNE COURT City-St-Zip: WOODSTOCK, VA 22664 City-St-Zip: PONTE VEDRA, FL 32082 Title: D () Delete Title: D (X) Change () Addition Name: VACALAVITCH, PATRICIA Name: LAWSON, GERALD Address: 1967 CHOCTAW TRL Address: 1960 WATERSIDE DR			rpose of changing its registered office or registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: PD () Delete Name: FAHY, THOMAS M. Address: 4451 IROQUOIS AVE. City-St-Zip: JACKSONVILLE, FL Title: S () Delete Name: FAHY, KATHERINE Name: FAHY, KATHERINE Address: A451 IROQUOIS AVENUE City-St-Zip: JACKSONVILLE, FL 32210 Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: JACKSONVILLE, FL 32210 Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: JACKSONVILLE, FL 32210 Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: JACKSONVILLE, FL 32210 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: JACKSONVILLE, FL 32210 Title: D () Delete Title: () Change () Addition Name: GARDNER, MICHAEL Address: 3110 SABAL OAK LN Address: 3110 SABAL OAK LN Address: 3110 SABAL OAK LN Name: OWEN, HUGH Name: OWEN, HUGH Name: OWEN, HUGH Name: OWEN, HUGH Name: VALENTINE, CHARLES Address: 301 SOUTH MAIN STREET City-St-Zip: WOODSTOCK, VA 22664 Title: D (X) Change () Addition Name: VALENTINE, CHARLES Address: 301 SOUTH MAIN STREET City-St-Zip: PONTE VEDRA, FL 32282 Title: D () Delete Title: D (X) Change () Addition Name: VACALAVITCH, PATRICIA Name: LAWSON, GERALD Address: 1967 CHOCTAW TRL Address: 3660 WATERSIDE DR	SIGNATUF		Data Data	
Title:	OFFICERS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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	Name: Address:	YACALAVITCH, PATRICIA 1967 CHOCTAW TRL	Name: LAWSON, GERALD Address: 3660 WATERSIDE DR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES A ELLISON TD 01/26/2004