

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002621

FILED
Jan 07, 2005
Secretary of State

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

Current Principal Place of Business:

4555-1 SAN JUAN AVE.
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

4555-1 SAN JUAN AVE.
JACKSONVILLE, FL 32210

Current Mailing Address:

4451 IROQUOIS AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3242756 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FAHY, THOMAS M
4451 IROQUOIS AVE.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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
Address: 4451 IROQUOIS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: ELLISON, FRANCES A
Address: 4451 IROQUOIS AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: GARDNER, MICHAEL
Address: 8110 SABAL OAK LN
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: VALENTINE, CHARLES
Address: 100 NEPTUNE COURT
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: LAWSON, GERALD
Address: 3660 WATERSIDE DR
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FAHY, THOMAS M
Address: 4451 IROQUOIS AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: S (X) Change () Addition
Name: FAHY, KATHERINE M
Address: 4451 IROQUOIS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DARSEY, BARBARA
Address: 2504 BAYVIEW ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/07/2005

Electronic Signature of Signing Officer or Director

Date