

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002621

FILED  
Jan 05, 2008  
Secretary of State

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

**Current Principal Place of Business:**

169 DOGWOOD LANE  
JACKSBORO, TN 37757 US

**New Principal Place of Business:**

**Current Mailing Address:**

169 DOGWOOD LANE  
JACKSBORO, TN 37757 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

CRAWFORD, JOHN R  
1200 RIVERPLACE BOULEVARD  
SUITE 800  
JACKSONVILLE, FL 32207 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: 169 DOGWOOD LANE  
City-St-Zip: JACKSBORO, TN 37757

Title: S ( ) Delete  
Name: FAHY, KATHERINE M  
Address: 169 DOGWOOD LANE  
City-St-Zip: JACKSBORO, TN 37757

Title: TD ( ) Delete  
Name: ELLISON, FRANCES A  
Address: 169 DOGWOOD LANE  
City-St-Zip: JACKSBORO, TN 37757

Title: VD ( ) Delete  
Name: OWEN, HUGH  
Address: 952 KELLY RD  
City-St-Zip: MT JACKSON, VA 22864

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

Title: D ( ) Delete  
Name: LAWSON, GERALD  
Address: 1269 PLEASANT POINT ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 exemption stated in Chapter 119, 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: THOMAS M. FAHY

PD

01/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date