

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2009
Secretary of State**

DOCUMENT# N94000002621

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 22664

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: TD (X) Change () Addition
Name: ELLISON, FRANCES A
Address: 520 W. GATEWAY CT
City-St-Zip: MERRITT ISLAND, FL 32952

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

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

Title: D (X) Change () Addition
Name: LAWSON, GERALD
Address: 4401 STEINBECK WAY
City-St-Zip: AVE MARIA, FL 34142

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

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date