

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002621

FILED
Feb 24, 2011
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 ATTY
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
Name: FAHY, THOMAS M
Address: 169 DOGWOOD LANE
City-St-Zip: JACKSBORO, TN 37757

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

Title: TD
Name: ELLISON, FRANCES A
Address: 520 W. GATEWAY CT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D
Name: OWEN, HUGH
Address: 952 KELLY RD
City-St-Zip: MT JACKSON, VA 22664

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

Title: D
Name: LAWSON, GERALD
Address: 4401 STEINBECK WAY
City-St-Zip: AVE MARIA, FL 34142

I hereby 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 all other like empowered.

SIGNATURE: THOMAS M FAHY

PRES

02/24/2011

Electronic Signature of Signing Officer or Director

Date