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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90147 043 ****61.25

DOCUMENT # N94000002621

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



Principal Place of Business Mailing Address

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

**4451 IROQUOIS AVE.
JACKSONVILLE FL 32210**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3242756** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FAHY, THOMAS M.	
STREET ADDRESS	4451 IROQUOIS AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAHY, KATHERINE	
STREET ADDRESS	4451 IROQUOIS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELLISON, FRANCES A	
STREET ADDRESS	3948 ST. JOHNS AVENUE, APT. #42	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, MICHAEL	
STREET ADDRESS	8110 SABAL OAK LN	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OWEN, HUGH	
STREET ADDRESS	301 SOUTH MAIN STREET	
CITY-ST-ZIP	WOODSTOCK VA 22664	
TITLE	D	<input type="checkbox"/> Delete
NAME	YACALAVITCH, PATRICIA	
STREET ADDRESS	1967 CHOCTAW TRL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4451 IROQUOIS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas M. Fahy* **THOMAS M. FAHY** 1/17/03 904-389-2426

CR2E037 (10/02)

ATTACHMENT #

10011408

19400002621

[ITEM 11] Addition
D
NANCY SKOLA
3750 BRAMBLE RD
JACKSONVILLE FL 32210

[ITEM 11] Addition
V
CHARLES VALENTINE
100 NEPTUNE CT.
PONTE VEDRA, FL 32087