

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002621

Entity Name: THE LUISA PICCARRETA CENTER FOR THE DIVINE WILL, INC.**Current Principal Place of Business:**169 DOGWOOD LANE
JACKSBORO, TN 37757**Current Mailing Address:**169 DOGWOOD LANE
JACKSBORO, TN 37757 US**FEI Number: 59-3242756****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CRAWFORD, JOHN RATTY
1200 RIVERPLACE BOULEVARD
SUITE 800
JACKSONVILLE, FL 32207 US*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**Officer/Director Detail :**

Title	PD
Name	FAHY, THOMAS M
Address	169 DOGWOOD LANE
City-State-Zip:	JACKSBORO TN 37757

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

Title	TD
Name	ELLISON, FRANCES A
Address	166 DOGWOOD LANE
City-State-Zip:	JACKSBORO TN 37757

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

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

Title	D
Name	LAWSON, GERALD
Address	173 PETREY RD
City-State-Zip:	LAFOLLETE TN 37766

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**PRESIDENT****01/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date