

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001515

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE GARDENS OF MOUNT CARMEL, INC.

Current Principal Place of Business:

5846 MT. CARMEL TERRACE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

5846 MT. CARMEL TERRACE
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3162187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, SUSAN C ESQ.
1301 RIVERPALCE BLVD.
SUITE 1500
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: D () Delete
Name: COLEMAN, JACK
Address: 4601 SOUTHBROOK DR. S-306
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: BENWICK, BRIAN
Address: 11628 LOIS CROSS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: THOMY, DAVID
Address: 3655 S CATHEDRAL OAKS
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: LEWIS, BEN
Address: 11550 HIDDEN HARBOR
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: STORCH, ANNE
Address: 2415 COSTA VERDE BLVD # 103
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: AXELBERG, LOUISE
Address: 3853 OLDFIELD TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEWIS, BEN
Address: 11550 HIDDEN HARBOR WAY
City-St-Zip: JACKSONVILLE, FL 32223

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

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

Title: D (X) Change () Addition
Name: WERKING, HELEN
Address: 4932 SUNBEAM RD.
City-St-Zip: JACKSONVILLE, FL 32257

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: BRIAN BENWICK

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date