

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715902** (3)

1. Corporation Name

**MOUNT CARMEL GARDENS, INC.**



Principal Place of Business <b>5846 MT. CARMEL TERRACE JACKSONVILLE FL 32216</b>	Mailing Address <b>5846 MT. CARMEL TERRACE JACKSONVILLE FL 32216</b>
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3. Date Incorporated or Qualified <b>01/15/1969</b>	3a. Date of Last Report <b>01/26/1995</b>
4. FEI Number <b>59-1284358</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**WILENSKY, DANIEL F.  
1916 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WINTERFIELD, PETER</b>
STREET ADDRESS	<b>8745 COMO LAKE DRIVE</b>
CITY - ST - ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WEINTRAUB, HENRY</b>
STREET ADDRESS	<b>7861 LA SIERRA STREET</b>
CITY - ST - ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WILENSKY, DANIEL F</b>
STREET ADDRESS	<b>1916 ATLANTIC BLVD</b>
CITY - ST - ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WINTERFIELD, CATHRYN D</b>
STREET ADDRESS	<b>8745 COMO LAKE DR</b>
CITY - ST - ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>COLEMAN, JACK</b>
STREET ADDRESS	<b>1436 SWAN LANE</b>
CITY - ST - ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BRIAN BENWICK, VP</b>
1.3 STREET ADDRESS	<b>9455 Lita Rd W.</b>
1.4 CITY - ST - ZIP	<b>Jacksonville, FL 32257</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ANNETTE LEFFLER, TREAS.</b>
2.3 STREET ADDRESS	<b>2774 Tacito Creek</b>
2.4 CITY - ST - ZIP	<b>Jacksonville, FL 32223</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ROSE TINCHER, SECRETARY</b>
3.3 STREET ADDRESS	<b>3834 Coronado Road</b>
3.4 CITY - ST - ZIP	<b>Jacksonville, FL 32217</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>See Attached List for other Board Members not listed here</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>000001843350</b>
5.3 STREET ADDRESS	<b>-05/29/96--01136--013</b>
5.4 CITY - ST - ZIP	<b>***61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack Coleman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

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Annual Corporate Report  
1996

**MOUNT CARMEL BOARD MEMBERS**  
**(Attachment to Annual Report)**

LOUISE AXELBERG     D  
3853 Oldfield Trail  
Jacksonville, FL 32223

DR. RONALD ELINOFF     D  
2811 Scott Mill Estate Drive  
Jacksonville, Florida 32217

GERALD LEVIN     D  
2132 LaVaca Road  
Jacksonville, FL 32217

RUTH SLUTZAH     D  
4009 Ponce de Leon Avenue  
Jacksonville, Florida 32217

TOBY WRIGHT     D  
2206 Larida Lane  
Jacksonville, Florida 32217