

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 5846 MT. CARMEL TERRACE JACKSONVILLE FL 32216	Mailing Address 5846 MT. CARMEL TERRACE JACKSONVILLE FL 32216-4918
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1969		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1284358		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILENSKY, DANIEL F. 1916 ATLANTIC BLVD. JACKSONVILLE FL 32207				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☒ DELETE	1.1 TITLE	TD ☐ Change ☒ Addition
NAME	WINTERFIELD, PETER	1.2 NAME	Annette Leffler
STREET ADDRESS	8745 COMO LAKE DRIVE	1.3 STREET ADDRESS	2774 Tacito Cir. Dr., W.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	D ☒ DELETE	2.1 TITLE	SD ☐ Change ☒ Addition
NAME	WEINTRAUB, HENRY	2.2 NAME	Rose Tincher
STREET ADDRESS	7861 LA SIERRA STREET	2.3 STREET ADDRESS	3834 Coronado Rd.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	PD ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	WILENSKY, DANIEL F	3.2 NAME	Wilensky, Daniel F.
STREET ADDRESS	1916 ATLANTIC BLVD	3.3 STREET ADDRESS	1916 Atlantic Blvd.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	ST ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	WINTERFIELD, CATHRYN D	4.2 NAME	Axelberg, Louise
STREET ADDRESS	8745 COMO LAKE DR	4.3 STREET ADDRESS	3853 Oldfield Trail
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	VD ☐ DELETE	5.1 TITLE	PD ☒ Change ☐ Addition
NAME	COLEMAN, JACK	5.2 NAME	Coleman, Jack
STREET ADDRESS	1436 SWAN LANE	5.3 STREET ADDRESS	1436 Swan Lane
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VD ☐ DELETE	6.1 TITLE	
NAME	BENWICK, BRIAN	6.2 NAME	
STREET ADDRESS	9455 LITA RD W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)

SIGNATURE _____ DATE **3/26/97** **733-1191**