1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715902

1. Corporation Name

MOUNT CARMEL GARDENS, INC.

Country

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

5846 MT. CARMEL TERRACE JACKSONVILLE FL 32216

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Ζίρ

5846 MT. CARMEL TERRACE JACKSONVILLE FL 32216

FILED May 07, 1999 8:00 am § Secretary of State

05-07-1999 90098 045 ****61.25

|--|

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

01/15/1969

59-1284358

FEI Number

24	25	29	30			Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent						10. Name and Address of New Reg	istered Agent		
				81 1	lame				
COLEMAN, JACK					tract A	ddress (P.O. Box Number is Not Acceptable	.)		
1436 SWAN LANE				82 8	ueel A	doless (F.O. Box Number is Not Acceptable	,		
JACKSONVILLE FL 32207				83					
JACKSON	VILLE PL 32201								
					City		FL 85 Zip Ci		
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		<u> </u>	IOTE Projeton			uired when reinstating)	DATE	 \	
12.	Signature, typed or edisted hams of registered age	ND DIRECTORS	13.		lustone sed	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	P OFFICERS A	DELETE		1.1 TITLE			Change	Addition	
	1			NAME					
NAME	COLEMAN, JACK				00500				
STREET ADDRESS	.,			STREET AD	1			i	
CITY-ST-ZIP	JACKSONVILLE FL 32207	☐ DELET		XTY-ST-ZI	P		Change	Addition	
TITLE	VP	☐ DEFE II		MLE	ŀ				
NAME	BENWICK, BRIAN			NAME				1	
STREET ADDRESS	9455 LITA RD., W.		2.3 9	STREET AD	DRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32257			2. 4 CITY-ST-ZIF				T 4400	
TITLE	S	☐ DELETE	3.1 T	TILE			Change	☐ Addition	
NAME	POSTOR-TAYLOR, TERRI		3.2 N	NAME					
STREET ADDRESS	8500 BLANDING BLVD.		3.3 8	STREET AD	DRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32244		3.4.	CITY-ST-Z	IP				
Tπ∖E	T	☐ DELET	4.1 7	ITTLE			Change	☐ Addition	
NAME	LEWIS. BEN		4.21	NAME				ł	
STREET ADDRESS	11550 HILLDEN HARBOR		4.3 5	STREET AD	DRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32217		4.4 (CITY-ST-ZI	P				
TITLE	D	☐ DELETE	5.1 7	TITLE			Change	Addition	
NAME	TINCHER, ROSE		5.2	NAME				ł	
STREET ADDRESS	**** *****		5.3 \$	STREET AD	DRESS			[
CITY-ST-ZIP	JACKSONVILLE FL 32217		5.4 0	CITY-ST-ZI	P				
TITLE	D	☐ DELETE	6.17	MLE			☐ Change	Addition	
NAME	AXELBERG, LOUISE		6.2 N	NAME					
STREET ADDRESS			6.3 5	STREET AD	DRESS			}	
				CITY-ST-ZI				1	
CITY-ST-ZIP	JACKSONVILLE FL 32223	ith this filing door not quali	_			n Section 119 07(3)(i) Florida Statutes, I fu	rther certify that the in	 formation	

Country

In 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/br 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, with all other like empowered.

SIGNATURE:

CHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

147/99

904. 723-6196

Daytime Phone #

CR2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable