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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715902 (3)

1. Corporation Name
MOUNT CARMEL GARDENS, INC.

Principal Place of Business	Mailing Address
5846 MT. CARMEL TERRACE JACKSONVILLE FL 32216	5846 MT. CARMEL TERRACE JACKSONVILLE FL 32216-4918

3. Date Incorporated or Qualified: 01/15/1969
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 59-1284358 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 **FL** 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
Signature, typed or printed name of registered agent and title if applicable. (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		☐ Change ☐ Addition
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		

CR2E037 (9/96)

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.

SIGNATURE [illegible] 3/26/97 733-1191