

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

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

DOCUMENT # 715902

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/15/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1284358	
Country		Country		Applied For	
24		29		Not Applicable	
25		30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**COLEMAN, JACK
1436 SWAN LANE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, JACK	1.2 NAME	
STREET ADDRESS	1436 SWAN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENWICK, BRIAN	2.2 NAME	
STREET ADDRESS	9455 LITA RD., W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POSTOR-TAYLOR, TERRI	3.2 NAME	
STREET ADDRESS	8500 BLANDING BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, BEN	4.2 NAME	
STREET ADDRESS	11550 HILLDEN HARBOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TINCHER, ROSE	5.2 NAME	
STREET ADDRESS	3834 CORONADO RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	AXELBERG, LOUISE	6.2 NAME	
STREET ADDRESS	3853 OLDFIELD TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

904.722.6196

CR2E037 (11/98)