

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001515

1. Entity Name
THE GARDENS OF MOUNT CARMEL, INC.



Principal Place of Business
**5846 MT. CARMEL TERRACE
JACKSONVILLE, FL 32216**

Mailing Address
**5846 MT. CARMEL TERRACE
JACKSONVILLE, FL 32216**



07052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3162187

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDONALD, SUSAN C ESQ.
1301 RIVERPALCE BLVD.
SUITE 1500
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN, JACK
4601 SOUTHBROOK DR. S-306
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BENWICK, BRIAN
11628 LOIS CROSS DRIVE
JACKSONVILLE, FL 32258**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMY, DAVID
3655 S CATHEDRAL OAKS
JACKSONVILLE, FL 32217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEWIS, BEN
11550 HIDDEN HARBOR
JACKSONVILLE, FL 32223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
STORCH, ANNE
2415 COSTA VERDE BLVD # 103
JACKSONVILLE BEACH, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AXELBERG, LOUISE
3853 OLDFIELD TRAIL
JACKSONVILLE, FL 32223**

**U000000371594
07/08/05-80009-003 61.25**

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian S Benwick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/05

904-7336696