FILED
Apr 21, 2004 8:00 am
Secretary of State

04-07-2004 90027 021 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000338

1. Entity Name
MOUNT CARMEL MANAGEMENT CORPORATION

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

Mailing Address
5846 MT. CARMEL TERRACE
JACKSONVILLE, FL 32216-4918

66413593

01132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 20-1011299 ☐ 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 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	COLEMAN, JACK		NAME	Coleman, Jack	
STREET ADDRESS	1436 SWAN LANE		STREET ADDRESS	9601 Southbrook Dr. S-306	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32256-0810	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BENWICK, BRIAN		NAME		
STREET ADDRESS	11628 LOIS CROSS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CARTER, DEBBI		NAME	Dolores Dworetsky	
STREET ADDRESS	803 WOOD HILL DRIVE		STREET ADDRESS	5846 Mt. Carmel Terr. #1003	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEWIS, BEN		NAME		
STREET ADDRESS	11550 HIDDEN HARBOR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LEVIN, GERALD		NAME	Anne Storch	
STREET ADDRESS	2132 LA VACA ROAD		STREET ADDRESS	2415 Costa Verde Blvd. #103	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jacksonville Bch., FL 32250	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AXELBERG, LOUISE		NAME		
STREET ADDRESS	3853 OLDFIELD TRAIL		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		

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: Ben Lewis V. Pres 4/5/02 904-733-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #