


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90004 027 ****62.50

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1011299	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCDONALD, SUSAN C ESQ. 1301 RIVERPLACE BOULEVARD SUITE 1500 JACKSONVILLE, FL 32207			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VD COLEMAN, JACK 9601 SOUTHBROOK DR., S-306 JACKSONVILLE, FL 322560810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENWICK, BRIAN 11628 LOIS CROSS DRIVE JACKSONVILLE, FL 32258		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWARETSKY, DOLORES 5846 MT. CARMEL TERR., #1003 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, BEN 11550 HIDDEN HARBOR JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARCH, ANNE 2415 COSTA VERDE BLVD., #103 JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXELBERG, LOUISE 3853 OLDFIELD TRAIL JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Paul Coleman</i> 3/1/06 904.723.6696					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					