2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008
Secretary of State

DOCUMENT# N03000000338

Entity Name: MOUNT CARMEL MANAGEMENT CORPORATION

Current Principal Place of Business:

5846 MT. CARMEL TERRACE
JACKSONVILLE, FL 322164918

New Principal Place of Business:

Current Mailing Address:

5846 MT. CARMEL TERRACE
JACKSONVILLE, FL 322164918

New Mailing Address:

FEI Number: 20-1011299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCDONALD, SUSAN C ESQ.
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	COLEMAN, JACK	
Address:	9601 SOUTHBROOK DR., S-306	
City-St-Zip:	JACKSONVILLE, FL 322560810	
Title:	D	( ) Delete
Name:	BENWICK, BRIAN	
Address:	11628 LOIS CROSS DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	D	( ) Delete
Name:	DWORETSKY, DOLORES	
Address:	5846 MT. CARMEL TERR., #1003	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	LEWIS, BEN	
Address:	11550 HIDDEN HARBOR	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	D	( ) Delete
Name:	STORCH, ANNE	
Address:	2415 COSTA VERDE BLVD., #103	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	D	( ) Delete
Name:	AXELBERG, LOUISE	
Address:	3853 OLDFIELD TRAIL	
City-St-Zip:	JACKSONVILLE, FL 32223	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK COLEMAN PRES 08/04/2008

Electronic Signature of Signing Officer or Director — Date