2905 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N04000007110

MOUNT CARMEL HERMITAGE OF FLORIDA, INC.

1. Entity Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CI14-51-ZP

CITY-SI-ZIP

FILED May 18, 2005 8:00 am Secretary of State 4/21

04-20-2005 90345 028 ****61.25

Change

Change

Addition |

Addition

L					1000		}				
Principal Plac	e of Business	Mailing .	Address								
			20 DEEP LAKE ROAD MELROSE FL 32666			DDATEATT					
								. 63 77 8180 8871 88 77 8677 6677		n on le	TREAD ALL (1880)
Principal Place of Business 3. Maili			failing Address			7 1 1 1 1 1 1 1 1 1					
Suite, Apt. #, etc. St			Suite, Apt. #, etc.			1st MOORE CR2E037 (10/04)					
City & State Ci			ity & State			4. FEI Number Applied For Not Applied For Not Applied For					
Zıp	Zip Country Zip			Cou	intry	5. Certificate of Status Desired Security \$8.75 Additional Fee Required					
	6. Name and Address of Curre	nt Registered	Agent				7. Name and Add	iress of New Registe	red Agent		
					Name		··				
LEWIS, RICHARD Q III 780 NORTH PONCE DE LEON BOULEV			RD Street Address			dáress ((P.O. Box Number is Not Acceptable)				
SI.	AUGUSTINE FL 32085										
					City		<u> </u>		FL Z	ip Code	9
8. The above	named entity submits this statemen	t for the purpos	e of changing its	register	ed office o	register	ed agent, or both, in	the State of Florida.	am familia	ar with,	and accept
the obligat	ions of registered agent.										
SIGNATURE.											
]	Signature, typed or printed name of registered ag	pent and title a explici	sbie (NOT	Registere	d Agent signat	nte tedinted	when reinstating}	0/	ΓE		
302 3/2/2015		5-505/55						\$ \$5,000,000,000,000	75037.3	2.33	32.685.78
198456	FILE NOW: FEE IS \$61.25		9. Election Car			_	\$5.00 May Be	Make Ct			
	Company 1, 2005	×22.5	Trust Fund C	Contribut	ion.		Added to Fees	Florida De			tate 💎 🔭
10.	OFFICERS AND	DIDECTORS		F 44		· · · · ·	ADDITIONS (OLIANO		Services.		
101.E	ID OFFICERS AND	DIRECTORS		11.		- - '	ADDITIONS/CHANG	ES TO OFFICERS AND			
NAME	ST. ANTHONY, IMMACULATA	MOTHER :	- Delete	NAM	=	ļ		·	Ш	change	Addition
STREET ADDRESS	120 DEEP LAKE ROAD				e Et address						
CITY-ST-ZIP	MELROSE FL 32666				-S1-21P						İ
THE	D		Delete	TI TLE						hange	☐ Addition
NAME	WRIGHT, BARBARA SISTER	•		NAM					_ U (1101/Jp	
STREET ADDRESS	120 DEEP LAKE ROAD			1	ET ADDRESS			•			
CITY-ST-ZIP	MELROSE FL 32666			ary	-ST-ZIP						
TITLE -	D ·		Deleta +	FITLE	:				П	hange	- Addition
HALLAE	LEWIS, RICHARD Q III			NAM	Ε]					
STREET ADDRESS	780 N. PONCE DE LEON BLVD	·		_SIRE	ET ADDRESS						
CITY-ST-ZIP	ST. AUGUSTINE FL 32666			CITY	·ST-ZIP						1
TITLE			☐ Delete	TITLE						hange	Addition
NAME				HAM	Ε					•	
STREET ADDRESS	ļ			STRE	ET ADDRESS						†
C07+51-7IP	I			PITY	.51.70	1					

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florido 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 6.17, Florido 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.

CITY-ST-ZIP

CHTY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-202

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

SIGNATURE: 2	nother Immoulate St. a.	Mous	~	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	· J	Dere	Daytene Phone #