
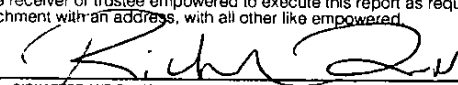


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90035 001 \*\*\*\*61.25

<b>DOCUMENT # N04000007110</b> 1. Entity Name <b>MOUNT CARMEL HERMITAGE OF FLORIDA, INC.</b>					
Principal Place of Business <b>120 DEEP LAKE ROAD MELROSE, FL 32666</b>			Mailing Address <b>120 DEEP LAKE ROAD MELROSE, FL 32666</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Drawer 3007</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>St. Augustine, FL</b>  Zip <b>32085-3007</b>		Country <b>USA</b>	
4. FEI Number <b>20-1422430</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEWIS, RICHARD Q III Lewis III, Richard Q. 780 NORTH PONCE DE LEON BOULEVARD ST. AUGUSTINE, FL 32085</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ST. ANTHONY, IMMACULATA MOTHER</b> <b>120 DEEP LAKE ROAD</b> <b>MELROSE, FL 32666</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>St. Anthony, Mother Immaculata</b> <b>388 Fairplay Road</b> <b>Bloomington, OH 43910</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, BARBARA SISTER</b> <b>120 DEEP LAKE ROAD</b> <b>MELROSE, FL 32666</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wright, Sister Barbara</b> <b>388 Fairplay Road</b> <b>Bloomington, OH 43910</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, RICHARD Q III</b> <b>780 N. PONCE DE LEON BLVD.</b> <b>ST. AUGUSTINE, FL 32666</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Lewis III, Richard Q.</b> <b>780 North Ponce de Leon Boulevard</b> <b>St. Augustine, FL 32084</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> 			<b>1-4-05 (904) 829-9066</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		