2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007110

1. Entity Name
MOUNT CARMEL HERMITAGE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
120 DEEP LAKE ROAD MELROSE, FL 32666	POST OFFICE DRAWER 3007 SAINT AUGUSTINE, FL 32085-3007

02122007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-1422430
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, RICHARD Q III
780 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32085

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

U00000638097
02/27/07-80015-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ST. ANTHONY, IMMACULATA MOTHER
STREET ADDRESS	388 FAIRPLAY ROAD
CITY-ST-ZIP	BLOOMINGDALE, OH 43910
TITLE	D
NAME	WRIGHT, BARBARA SISTER
STREET ADDRESS	388 FAIRPLAY ROAD
CITY-ST-ZIP	BLOOMINGDALE, OH 43910
TITLE	D
NAME	LEWIS, RICHARD Q III
STREET ADDRESS	780 N. PONCE DE LEON BLVD.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/12/07 904-829-9006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #