2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 700024

Entity Name: THE CENACLE CONVENT OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

1400 SOUTH DIXIE HIGHWAY
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

1400 SOUTH DIXIE HIGHWAY
LANTANA, FL 33462

New Mailing Address:

FEI Number: 59-6081397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, PATRICIA A
1400 S DIXIE HIGHWAY
LANTANA, FL 33462 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:	P/D	( ) Delete
Name:	RILEY, MARY SHARON	
Address:	1400 SOUTH DIXIE HIGHWAY	
City-St-Zip:	LANTANA, FL 33462	
Title:	VP/D	( ) Delete
Name:	LANE, MARGARET	
Address:	1400 SOUTH DIXIE HIGHWAY	
City-St-Zip:	LANTANA, FL 33462	
Title:	S/TD	( ) Delete
Name:	BURKE, PATRICIA	
Address:	1400 SOUTH DIXIE HIGHWAY	
City-St-Zip:	LANTANA, FL 33462	
Title:	D	( ) Delete
Name:	EHRLER, BARBARA	
Address:	1400 SOUTH DIXIE HIGHWAY	
City-St-Zip:	LANTANA, FL 33462	
Title:	D	( ) Delete
Name:	WESTHUES, MARY	
Address:	1400 SOUTH DIXIE HIGHWAY	
City-St-Zip:	LANTANA, FL 33462	
Title:	D	(X) Delete
Name:	CRIBBEN, ESTHER	
Address:	1400 SOUTH DIXIE HIGHWAY	
City-St-Zip:	LANTANA, FL 33462	

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:	D	(X) Change ( ) Addition
Name:	HAAGENSEN, GLORIA	
Address:	1400 SOUTH DIXIE HIGHWAY	
City-St-Zip:	LANTANA, FL 33462	
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: PATRICIA A. BURKE S/TD 04/16/2009

Electronic Signature of Signing Officer or Director — Date