

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 02

DOCUMENT # 704657 (6)

1. Corporation Name
LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATIC CAR E, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
315 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401		315 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/15/1962	01/26/1994
4. FEI Number	Applied For
59-0879342	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SISTER, M. FIDELIS 208 EVERNIA ST W PALM BEACH FL 33401				81. Name	Sister M. Fidelis		
				82. Street Address (P.O. Box Number is Not Acceptable)	315 South Flagler Drive		
				83.			
				84. City	West Palm Beach	FL	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIS. M. JOSEPH CATHERINE	1.2 NAME	
STREET ADDRESS	ST TERESA MOTHERHSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN, NY 00000	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, SISTER M DANIEL	2.2 NAME	
STREET ADDRESS	208 EVERNIA STR	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH., FL 00000	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAHON, JOHN R, MSGR	3.2 NAME	
STREET ADDRESS	370 SW 3RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISTER, M. FIDELIS	4.2 NAME	
STREET ADDRESS	208 EVERNIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH., FL 00000	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, JAMES	5.2 NAME	
STREET ADDRESS	90 BROAD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sister M. Fidelis* 1/20/95 407-655-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)