

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 704657 (6)

1. Corporation Name

LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATIC CARE, INC.



Principal Place of Business: 315 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401
Mailing Address: 315 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 10/15/1962
3a. Date of Last Report: 01/27/1995
4. FEI Number: 59-0879342
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent
FIDELIS, M. SISTER
315 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIS. M. JOSEPH CATHERINE	
STREET ADDRESS	ST TERESA MOTHERHSE	
CITY-ST-ZIP	GERMANTOWN, NY 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOSEPH, SISTER M DANIEL	
STREET ADDRESS	208 EVERNIA STR	
CITY-ST-ZIP	W PALM BCH., FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCMAHON, JOHN R, MSGR	
STREET ADDRESS	370 SW 3RD ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SISTER, M. FIDELIS	
STREET ADDRESS	208 EVERNIA ST	
CITY-ST-ZIP	W PALM BCH., FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DALY, JAMES	
STREET ADDRESS	90 BROAD STREET	
CITY-ST-ZIP	NEW YORK, NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	315 South Flagler Drive
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	315 South Flagler Drive
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	226 7th Street
5.4 CITY-ST-ZIP	Garden City, NY 11530
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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 617, 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 Regan* 1/22/96 407-655-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Sister M. Fidelis Regan

CR2E037 (12/95)