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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33401-5613

3. Date Incorporated or Qualified 10/15/1962	3a. Date of Last Report 01/29/1996
4. FEI Number 59-0879342	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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 FL 85 Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD NAME: SIS. M. JOSEPH CATHERINE STREET ADDRESS: ST TERESA MOTHERHSE CITY-ST-ZIP: GERMANTOWN, NY 00000	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: JOSEPH, SISTER M DANIEL STREET ADDRESS: 315 S FLAGLER DR CITY-ST-ZIP: WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Secretary 2.2 NAME: Sister Therese Mary 2.3 STREET ADDRESS: 315 South Flagler Drive 2.4 CITY-ST-ZIP: West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CD NAME: MCMAHON, JOHN R, MSGR STREET ADDRESS: 370 SW 3RD ST. CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SISTER, M. FIDELIS STREET ADDRESS: 315 S FLAGLER DR CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: DALY, JAMES STREET ADDRESS: 226 7TH ST CITY-ST-ZIP: GARDEN CITY NY	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Therese Mary (Signature) 2/3/97 (561)655-8544
SISTER THERESE MARY
DATE: 2/3/97 DAYTIME PHONE: (561)655-8544

CR2E037 (9/96)