

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90002 017 ****70.00

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DOCUMENT # 704657

1. Entity Name

LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATIC CAR



Principal Place of Business

315 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401

Mailing Address

315 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0879342

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIDELIS, M. SISTER
 315 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401

Name *Sister Diane M. Mack*

Street Address (P.O. Box Number is Not Acceptable)

315 South Flagler Drive

City *West Palm Beach*

FL

Zip Code *33401*

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.

SIGNATURE *Sister Diane M. Mack*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	BERNADETTE, SHAWN M SISTER	
STREET ADDRESS	ST TERESA MOTHERHSE	
CITY-ST-ZIP	GERMANTOWN NY 12526	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACK, DIANE M SISTE	
STREET ADDRESS	315 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MCAHON, JOHN R, MSGR	
STREET ADDRESS	370 SW 3RD ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REGAN, SISTER FIDELIS	
STREET ADDRESS	315 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DALY, JAMES	
STREET ADDRESS	226 7TH ST	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sister Diane M. Mack</i>	
STREET ADDRESS	<i>315 South Flagler Drive</i>	
CITY-ST-ZIP	<i>West Palm Beach, FL 33401</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sister Fidelis M. Regan</i>	
STREET ADDRESS	<i>315 South Flagler Drive</i>	
CITY-ST-ZIP	<i>West Palm Beach, FL 33401</i>	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Mr. James Daly</i>	
STREET ADDRESS	<i>1055 Franklin Ave, Suite 102</i>	
CITY-ST-ZIP	<i>Garden City, NY 11530</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Sister Diane M. Mack*

CR2E037 (10/00)