

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90062 005 ****70.00

DOCUMENT # 704657

1. Entity Name

LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATIC CARE, INC.

Principal Place of Business

Mailing Address

315 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401

315 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401

432646



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

MACK, SISTER DIANE M
315 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

Name ~~Sister Mary Anne Dennehy~~
 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 *A. Mary Anne Dennehy* **SR. MARY ANNE DENNEHY**
 Administrator/Treasurer 4/28/02
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	T	<input checked="" 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	S	<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	1055 FRANKLIN AVENUE, SUITE 102	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sister Mary Anne Dennehy	
STREET ADDRESS	315 South Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Asst. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph R. Koncoshki	
STREET ADDRESS	315 South Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *A. Mary Anne Dennehy* **SR. MARY ANNE DENNEHY** 561
 Administrator/Treasurer 655-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)