


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 704657
 1. Entity Name
LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATRIC 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
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0879342	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DENNEHY, SISTER MARY A
 315 SOUTH FLAGLER DRIVE
 WEST PALM BEACH, FL 33401

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE LOUNDES VEILLEUX, ANTHONY 600 WOODS ROAD GERMANTOWN, NY 12526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENNEHY, SISTER MARY A 315 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCMAHON, JOHN R, MSGR 370 SW 3RD ST. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRASSNER, ALBERT 450 SOUTH OCEAN BLVD LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALY, JAMES 1055 FRANKLIN AVENUE, SUITE 102 GARDEN CITY, NY 11530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KONCOSKI, JOSEPH R 315 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Mary Anne Dennehy* **SISTER MARY ANNE DENNEHY** *7/16/04* **7/16/04** *561 655-8544*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #