

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90034 029 ****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 315 SOUTH FLAGLER DRIVE
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

50003922



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-0879342 Not Applicable

5. Certificate of Status Desired \$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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DE LOURDES VEILLEUX, ANTHONY <i>SISTER</i>
STREET ADDRESS	600 WOODS ROAD
CITY-ST-ZIP	GERMANTOWN, NY 12526
TITLE	T
NAME	DENNEHY, SISTER MARY ANNE
STREET ADDRESS	315 SOUTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	CD
NAME	MCAHON, JOHN R, MSGR
STREET ADDRESS	370 SW 3RD ST.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D.
NAME	KRASSNER, ALBERT
STREET ADDRESS	450 SOUTH OCEAN BLVD
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	PD
NAME	DALY, JAMES
STREET ADDRESS	1055 FRANKLIN AVENUE, SUITE 102
CITY-ST-ZIP	GARDEN CITY, NY 11530
TITLE	S
NAME	KONCOSKI, JOSEPH R
STREET ADDRESS	315 SOUTH FLAGLER DRIVE
CITY-ST-ZIP	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)(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 information.

SIGNATURE: *A. Mary Anne Dennehy* SR. MARY ANNE DENNEHY 1/5/05 561-655-8544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #