

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704657

FILED
Mar 05, 2007
Secretary of State

Entity Name: LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATIC CARE, INC.

Current Principal Place of Business:

315 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

315 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-0879342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DENNEHY, SISTER MARY A
315 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DE LOUDES VEILLEUX, ANTHONY SISTER
Address: 600 WOODS ROAD
City-St-Zip: GERMANTOWN, NY 12526

Title: T () Delete
Name: DENNEHY, SISTER MARY
Address: 315 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: CD () Delete
Name: MCMAHON, JOHN R, MSG, R
Address: 370 SW 3RD ST.
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: HENDERSON, CHARLES
Address: 231 VIA LAS BRISAS
City-St-Zip: PALM BEACH, FL 33480

Title: PD () Delete
Name: DALY, JAMES,
Address: 1055 FRANKLIN AVENUE, SUITE 102
City-St-Zip: GARDEN CITY, NY 11530

Title: S () Delete
Name: KONCOSKI, JOSEPH R
Address: 315 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DALY, JAMES,
Address: 126 THIRD STREET, 2ND FLOOR
City-St-Zip: MINEOLA, NY 11501

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SISTER MARY ANNE DENNEHY

ADM

03/05/2007

Electronic Signature of Signing Officer or Director

_____ Date