

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704657

FILED
Jan 05, 2012
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: PD
Name: DE LOUDES VEILLEUX, ANTHONY SISTER
Address: 600 WOODS ROAD
City-St-Zip: GERMANTOWN, NY 12526

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

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

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

Title: VD
Name: DALY, JAMES
Address: 126 THIRD STREET, 2ND FLOOR
City-St-Zip: MINEOLA, NY 11501

Title: S
Name: ABRAHAM, KATHLEEN
Address: 315 SO. FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: SISTER MARY ANNE DENNEHY

TREA

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date