


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90290 049 \*\*\*\*70.00

**DOCUMENT # 704657**

1. Entity Name  
**LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATIC 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-0879342**  
Applied For  
 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**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BERNADETTE, SHAWN M SISTER	
STREET ADDRESS	ST TERESA MOTHERHSE	
CITY-ST-ZIP	GERMANTOWN NY 12526	
TITLE	T	<input type="checkbox"/> Delete
NAME	DENNEHY, SISTER MARY A	
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 checked="" 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	AS	<input type="checkbox"/> Delete
NAME	KONCOSSKI, JOSEPH R	
STREET ADDRESS	315 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Veilleux, Sister Anthony de Lourdes	
STREET ADDRESS	600 Woods Road	
CITY-ST-ZIP	Germantown, New York 12526	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pereira, Sister M. Teresa Stephen	
STREET ADDRESS	600 Woods Road	
CITY-ST-ZIP	Germantown, NY 12526	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arassner Albert	
STREET ADDRESS	450 South Ocean Blvd.	
CITY-ST-ZIP	Manalapan, FL 33462	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bowden, Sister M. Philip Ann	
STREET ADDRESS	42-41 201st Street	
CITY-ST-ZIP	Bayside, NY 11361	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Purcell, Martin	
STREET ADDRESS	435 Brazilian Avenue	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koncoski, Joseph R.	
STREET ADDRESS	315 South Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	

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: SR. MARY ANNE DENNEHY TREASURER  
**Signature Required** 7/31/03 561 655-8544

CR2E037 (4/03)

Attachment

80137702

#704657

Lourdes-Noreen McKeen Residence for Geriatric Care, Inc.  
2003 Not-for-Profit Corporation Uniform Business Report  
Document # 704657  
FEI Number 59-0879342

11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN BOX 10 (Continued)	
Title	D X Addition
Name	Foster, Mary Kathleen
Street Address	13650 Columbine Avenue
City-ST-Zip	Wellington, Florida 33414
Title	D X Addition
Name	Murphy, Thomas J., Dr.
Street Address	10683 Avenue of the PGA
City-ST-Zip	Palm Beach Gardens, Florida 33418
Title	D X Addition
Name	Flynn, Sister M. Seán Damien
Street Address	21 Ferncliff Drive
City-ST-Zip	Rhinebeck, New York 12572
Title	D X Addition
Name	Brown, Sister Ann E.
Street Address	600 Woods Road
City-ST-Zip	Germantown, New York 12526
Title	D X Addition
Name	Raymond, Sister M. Joseph Catherine
Street Address	646 Woods Road
City-ST-Zip	Germantown, New York 12526
Title	D X Addition
Name	Henderson, Charles F.
Street Address	231 Via Las Brisas
City-ST-Zip	Palm Beach, Florida 33480
Title	D X Addition
Name	Daly, Beth
Street Address	464 Shawmut Avenue
City-ST-Zip	Boston, Massachusetts 02118
Title	D X Addition
Name	Gapstur, Lenne
Street Address	11437 Shady Oaks Lane
City-ST-Zip	North Palm Beach, Florida 33408