

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12205** (3)

1. Corporation Name
LOURDES FOUNDATION, INC.



Principal Place of Business: **315 SOUTH FLAGLER DRIVE W. PALM BEACH FL 33401**
Mailing Address: **315 SOUTH FLAGLER DRIVE W. PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **11/21/1985**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-2632080**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **28** Country: **29**
30

9. Name and Address of Current Registered Agent
**FIDELIS, SISTER M.
315 S FLAGLER DR
W. PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SIS. M. JOSEPH CATHERINE	
STREET ADDRESS	ST.THERESA'S MOTHERHOUSE	
CITY - ST - ZIP	GERMANTOWN NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCMAHON, JOHN R.	
STREET ADDRESS	370 SW 3RD STREET	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIS. M. DANIEL JOSEPH	
STREET ADDRESS	208 EVERNIA ST.	
CITY - ST - ZIP	W.PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	REGAN, M FIDELIS, SISTER	
STREET ADDRESS	208 EVERNIA ST.	
CITY - ST - ZIP	W.PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DALY, JAMES J.	
STREET ADDRESS	90 BROAD ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POISSON, ARTHUR	
STREET ADDRESS	31 WEST 20TH ST.	
CITY - ST - ZIP	RIVIERA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	315 South Flagler Drive	
3.4 CITY - ST - ZIP	West Palm Beach, FL 33401	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	315 South Flagler Drive	
4.4 CITY - ST - ZIP	West Palm Beach, FL 33401	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	226 7th Street	
5.4 CITY - ST - ZIP	Garden City, New York 11530	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *x Sister M. Fidelis Regan* 1/22/96 407-655-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Sister M. Fidelis Regan

CR2E037 (12/95)