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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33401-5613

3. Date Incorporated or Qualified: 11/21/1985
3a. Date of Last Report: 01/31/1996

| | | | | | | | |
|--------------------------------|--|-----------------------------|--|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-2632080 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | <input checked="" type="checkbox"/> | | | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 23 | | 28 | | <input type="checkbox"/> | | | |
| Zip | | Country | | 24 | | 25 | |
| 29 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| FIDELIS, SISTER M. 315 S FLAGLER DR W. PALM BEACH FL 33401 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL | | | |

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 | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|--------------------------|--|---|--|--|
| TITLE | DVP | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SIS. M. JOSEPH CATHERINE | | 1.2 NAME | | |
| STREET ADDRESS | ST.THERESA'S MOTHERHOUSE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GERMANTOWN NY | | 1.4 CITY-ST-ZIP | | |
| TITLE | CD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCMAHON, JOHN R. | | 2.2 NAME | | |
| STREET ADDRESS | 370 SW 3RD STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SIS. M. DANIEL JOSEPH | | 3.2 NAME | Sister Therese Mary | |
| STREET ADDRESS | 315 SOUTH FLAGLER DRIVE | | 3.3 STREET ADDRESS | 315 South Flagler Drive | |
| CITY-ST-ZIP | W.PALM BEACH FL | | 3.4 CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| TITLE | DT | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | REGAN, M FIDELIS, SISTER | | 4.2 NAME | | |
| STREET ADDRESS | 315 SOUTH FLAGLER DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W.PALM BEACH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DALY, JAMES J. | | 5.2 NAME | | |
| STREET ADDRESS | 226 7TH STREET | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GARDEN CITY NY | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. I do 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 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: *Sister Therese Mary* 2/3/97 (570) 655-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038204

CR2E037 (9/96)