

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90002 016 ****70.00

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DOCUMENT # N12205

1. Entity Name

LOURDES FOUNDATION, INC.

(A)

Principal Place of Business

315 SOUTH FLAGLER DRIVE
 W. PALM BEACH FL 33401

Mailing Address

315 SOUTH FLAGLER DRIVE
 W. PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2632080

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIDELIS, SISTER M.
 315 S FLAGLER DR
 W. PALM BEACH FL 33401

Name: *Sister Diane M. Mack*
 Street Address (P.O. Box Number is Not Acceptable)

315 South Flagler Drive
 City: *West Palm Beach* **FL** Zip Code: *33401*

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.

SIGNATURE *Sister Diane M. Mack*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHAWN-BERNADETTE, SIS M. ST.THERESA'S MOTHERHOUSE GERMANTOWN NY 12526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCMAHON, JOHN R. 370 SW 3RD STREET BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACK, SISTER DIANE M 315 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REGAN, FIDELIS M SIST 315 SOUTH FLAGLER DRIVE W.PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALY, JAMES J. 226 7TH STREET GARDEN CITY NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sister Diane M. Mack 315 South Flagler Drive West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sister Fidelis M. Regan 315 South Flagler Drive West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mr. James J. Daly 1055 Franklin Ave, Suite 102 Garden City, NY 11530	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sister Diane M. Mack*



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)