

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90871 008 \*\*\*\*70.00

**DOCUMENT # N12205**

1. Entity Name

**L.OURDES FOUNDATION, INC.**

Principal Place of Business

Mailing Address

115 SOUTH FLAGLER DRIVE  
 W. PALM BEACH FL 33401

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACK, DIANE M**  
**315 S FLAGLER DR**  
**W. PALM BEACH FL 33401**

Name *Sister Mary Anne Dennehy*  
 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 *Mary Anne Dennehy* *SR MARY ANNE DENNEHY* ADMINISTRATOR/TREASURER *4/28/02*  
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	T <del>MACK, SISTER DIANE M</del> 315 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 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. 1055 FRANKLIN AVE. SUITE 102 GARDEN CITY NY 11530	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sister Mary Anne Dennehy 315 South Flagler Drive West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. S Joseph R. Koncoski 315 South Flagler Drive West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" 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		<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		<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: *Mary Anne Dennehy* *SR MARY ANNE DENNEHY* ADMINISTRATOR/TREASURER *561 655-8544*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)