


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N12205
 1. Entity Name
LOURDES FOUNDATION, INC.



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

DO NOT WRITE IN THIS SPACE



07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-2632080 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENNEHY, MARY ANNE
 315 SOUTH FLAGLER DR
 W. PALM BEACH, FL 33401

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

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

000000166012
 07/13/04-80006-007 70.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LOURDES VEILLEUX, ANTHONY DE SISTER
STREET ADDRESS	600 WOODS ROAD
CITY-ST-ZIP	GERMANTOWN, NY 12526
TITLE	CD
NAME	MCMAHON, JOHN R.
STREET ADDRESS	370 SW 3RD STREET
CITY-ST-ZIP	BOCA RATON, FL
TITLE	T
NAME	DENNEHY, SISTER MARY A
STREET ADDRESS	315 SOUTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	ANN BOWDEN, M. PHILIP SISTER
STREET ADDRESS	42-41 201TH STREET
CITY-ST-ZIP	BAYSIDE, NY 11361
TITLE	PD
NAME	DALY, JAMES J.
STREET ADDRESS	1055 FRANKLIN AVE. SUITE 102
CITY-ST-ZIP	GARDEN CITY, NY 11530
TITLE	S
NAME	KONCONSKI, JOSEPH R
STREET ADDRESS	315 S FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* *MARY ANNE DENNEHY* 7/6/04 561-558544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #