


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N12205
 1. Entity 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
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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2632080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000183523 01/19/05-80070-005 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOURDES VEILLEUX, ANTHONY DE SISTER 600 WOODS ROAD GERMANTOWN, NY 12526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCMAHON, JOHN R. 370 SW 3RD STREET BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENNEHY, SISTER MARY A 315 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANN BOWDEN, M. PHILIP SISTER 42-41 201TH STREET BAYSIDE, NY 11361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALY, JAMES J. 1055 FRANKLIN AVE. SUITE 102 GARDEN CITY, NY 11530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KONCONSKI, JOSEPH R 315 S FLAGLER DRIVE 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)(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* 1/18/05 561-655-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #