

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12205

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: LOURDES FOUNDATION, INC.

**Current Principal Place of Business:**

315 SOUTH FLAGLER DRIVE  
W. PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

315 SOUTH FLAGLER DRIVE  
W. PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 59-2632080      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: LOURDES VEILLEUX, ANTHONY DE SISTER  
Address: 600 WOODS ROAD  
City-St-Zip: GERMANTOWN, NY 12526

Title: CD ( ) Delete  
Name: MCMAHON, JOHN R.,  
Address: 370 SW 3RD STREET  
City-St-Zip: BOCA RATON, FL

Title: T ( ) Delete  
Name: DENNEHY, SISTER MARY A  
Address: 315 SOUTH FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: ANN BOWDEN, M. PHILIP SISTER  
Address: 42-41 201TH STREET  
City-St-Zip: BAYSIDE, NY 11361

Title: PD ( ) Delete  
Name: DALY, JAMES J.,  
Address: 126 THIRD STREET, 2ND FLOOR  
City-St-Zip: MINEOLA, NY 11501

Title: S ( ) Delete  
Name: KONCONSKI, JOSEPH R  
Address: 315 S FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANNE DENNEHY

SI

02/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date