

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704657

Entity Name: LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATIC CARE, INC.

FILED
Apr 30, 2021
Secretary of State
8734153523CC

Current Principal Place of Business:

315 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

Current Mailing Address:

315 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

FEI Number: 59-0879342

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MURRAY, SISTER MAUREEN
315 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401 US

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 MAUREEN MURRAY

04/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CODY, MARY ANN
Address 315 SOUTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

Title SECRETARY
Name ROGERS, MARYLYNN
Address 315 SO. FLAGLER DR
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT
Name MURRAY, SISTER MAUREEN
Address 315 SOUTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

Title CHAIRMAN
Name DEBBS, ROBERT
Address 315 SOUTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name DIMARIA, SISTER PETER LILLIAN
Address 315 SOUTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

I hereby 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 all other like empowered.

SIGNATURE: SISTER MAUREEN MURRAY

PRESIDENT

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date