2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704657

Entity Name: LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATIC

CARE, INC.

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:

LINDSAY, SISTER JEANETTE D 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 JEANETTE D. LINDSAY 06/30/2016

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title S

Name LINDSAY, SISTER JEANETTE DIANE Name ABRAHAM, KATHLEEN Address 315 SOUTH FLAGLER DRIVE Address 315 SO. FLAGLER DR

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

PD Title **CHAIRMAN** Title

Name HALEY, SISTER MARGARET A Name MCMAHON, JOHN R

Address 315 SOUTH FLAGLER DRIVE Address 315 SOUTH FLAGLER DRIVE City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title

Name HEERY, SISTER MARY CLAIRE 315 SOUTH FLAGLER DRIVE Address 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: KATHLEEN ABRAHAM

Electronic Signature of Signing Officer/Director Detail

SECRETARY

06/30/2016

FILED Jun 30, 2016

Secretary of State

CC6659627422