2024 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 US

FEI Number: 59-0879342 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIMARIA, SISTER PETER LILLIAN 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 PETER LILLIAN DIMARIA

03/06/2024

FILED Mar 06, 2024

Secretary of State

4012236095CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title TREASURER, CHAIRMAN Title SECRETARY

Name CODY, MARY ANN Name ROGERS, MARY LYNN 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

٧/P Title **DIRECTOR** Title

DEBBS, ROBERT Name MURRAY, SISTER MAUREEN Name

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 **DIRECTOR** Title PRESIDENT

Name ROGERS, MARY LYNN Name DIMARIA, SISTER PETER LILLIAN

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

Title DIRECTOR Title **DIRECTOR**

Name FLYNN, SR. M. SEAN DAMIEN DALY, BETH Name Address 315 SOUTH FLAGLER DRIVE Address 315 SOUTH FLAGLER DRIVE City-State-Zip: WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 City-State-Zip:

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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 PETER LILLIAN DIMARIA

PRESIDENT

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MCDONOUGH, SR. MAUREEN DE LOURDES

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

Title DIRECTOR

Name PEREIRA, SR. M TERESA STEPHEN

Address 315 SOUTH FLAGLER DRIVE

City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR

Name RAWDON, SR. M. PATRICIA MARGARET

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

Title DIRECTOR

Name MCMAHON, REV. MONSIGNOR JOHN

R.

Address 315 SOUTH FLAGLER DRIVE

City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR

Name RANDALL, SR. M. MARK LOUIS ANNE

Address 315 SOUTH FLAGLER DRIVE

City-State-Zip: WEST PALM BEACH FL 33401