

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704657

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

FILED
Mar 20, 2015
Secretary of State
CC3298475317

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

03/20/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name LINDSAY, SISTER JEANETTE D
Address 315 SOUTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

Title S
Name ABRAHAM, KATHLEEN
Address 315 SO. FLAGLER DR
City-State-Zip: WEST PALM BEACH FL 33401

Title PD
Name HALEY, SISTER JEANNE FRANCIS
Address 315 SOUTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

Title CHAIRMAN
Name MCMAHON, JOHN R
Address 315 SOUTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name HEERY, SISTER MARIE ROSE
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 JEANETTE D. LINDSAY

TREASURER

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Date