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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48593 (0)

1. Corporation Name
WOMEN'S AUXILIARY OF THE MORSE GERIATRIC CENTER, INC.



Principal Place of Business 4847 FRED GLADSTONE MEMORIAL DR. WEST PALM BEACH FL 33417	Mailing Address 4847 FRED GLADSTONE MEMORIAL DR. WEST PALM BEACH FL 33417
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/28/1992	3a. Date of Last Report 03/04/1996
22 City & State	27 City & State	4. FEI Number 65-0329966	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GACKENHEIMER, E. DREW
4847 FRED GLADSTONE MEMORIAL DR.
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SEGEL, DOROTHY
STREET ADDRESS	200 BRDLEY PLACE #402
CITY-ST-ZIP	PALM BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BERMAN, SYLVIA
STREET ADDRESS	44 COCOANUT ROW
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	P <input type="checkbox"/> DELETE
NAME	BLOCH, BEATRICE
STREET ADDRESS	3349 ST MALO CT
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	RUBIN, SYLVIA
STREET ADDRESS	4487 LUXEMBOURG COURT
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHWARTZ, BERNICE
STREET ADDRESS	13743 WHISPERING LAKES LANE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	D <input type="checkbox"/> DELETE
NAME	GACKENHEIMER, E. DREW
STREET ADDRESS	4847 FRED GLADSTONE DR
CITY-ST-ZIP	WEST PALM BEACH FL 33417

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ZELNICK, MARILYN
4.3 STREET ADDRESS	13932 EASTPOINTE COURT
4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **2/27/97** 561-471-5111

E. SIOBRIEN AND COMPANY INCORPORATED REGISTERING OFFICER OR DIRECTOR

CR2E037 (9/96)