

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 04/28/1992	
4. FEI Number 65-0329966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGEL, DOROTHY	1.2 NAME	
STREET ADDRESS	200 BROLEY PLACE #402	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, SYLVIA	2.2 NAME	
STREET ADDRESS	44 COCOANUT ROW	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCH, BEATRICE	3.2 NAME	SIMMONS, JOAN
STREET ADDRESS	3349 ST MALO CT	3.3 STREET ADDRESS	13308 VERDUN DR
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELNICK, MARILYN	4.2 NAME	
STREET ADDRESS	13932 EASTPOINTE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, BERNICE	5.2 NAME	
STREET ADDRESS	13743 WHISPERING LAKES LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GACKENHEIMER, E. DREW	6.2 NAME	
STREET ADDRESS	4847 FRED GLADSTONE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	6.4 CITY-ST-ZIP	

14. I 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: _____ 3/6/98 561-471-5111

CR2E037 (10/97)