

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90104 037 ****61.25

DOCUMENT # N48593
 1. Entity Name
WOMEN'S AUXILIARY OF THE MORSE GERIATRIC CENTER.

Principal Place of Business Mailing Address
4847 FRED GLADSTONE MEMORIAL DR. **4847 FRED GLADSTONE MEMORIAL DR.**
WEST PALM BEACH FL 33417 **WEST PALM BEACH FL 33417-8023**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
85-0329966 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GACKENHEIMER, E. DREW
4847 FRED GLADSTONE MEMORIAL DR.
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEGEL, DOROTHY	
STREET ADDRESS	200 BRDLEY PLACE #402	
CITY-ST-ZIP	PALM BCH FL	
TITLE	D	<input checked="" 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	SIMMONS, JOAN	
STREET ADDRESS	13308 VERDUN DR	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZELNICK, MARILYN	
STREET ADDRESS	13932 EASTPOINTE COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISSMAN, ROBERTA	
STREET ADDRESS	6219 WOODCUTTER COURT	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SRIBERG, TERRI	
STREET ADDRESS	19 JAMES DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBAUM, CAROL	
STREET ADDRESS	451 S. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	ATLANTIS, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 of the same empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ **DREW GACKENHEIMER** 3-20-00 561-471-5111
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #