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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

DOCUMENT # N48593 (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

4847 FRED GLADSTONE MEMORIAL DR.  
WEST PALM BEACH FL 33417

4847 FRED GLADSTONE MEMORIAL DR.  
WEST PALM BEACH FL 33417



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/28/1992

4. FEI Number

65-0329966

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SEGEL, DOROTHY  
STREET ADDRESS 200 BROLEY PLACE #402  
CITY-ST-ZIP PALM BCH FL

TITLE D ☐ DELETE

NAME BERMAN, SYLVIA  
STREET ADDRESS 44 COCOANUT ROW  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE P ☒ DELETE

NAME BLOCH, BEATRICE  
STREET ADDRESS 3349 ST MALO CT  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE T ☐ DELETE

NAME ZELNICK, MARILYN  
STREET ADDRESS 13932 EASTPOINTE COURT  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☐ DELETE

NAME SCHWARTZ, BERNICE  
STREET ADDRESS 13743 WHISPERING LAKES LANE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SIMMONS, JOAN  
13308 VERDUN DR  
PALM BEACH GARDENS, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)