2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State
07-16-2002 90359 013 ****61.25

DOCUMENT # N48593

1. Entity 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

DO NOT WRITE IN THIS SPACE

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 85-0329966 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GACKENHEIMER, E. DREW 4847 FRED GLADSTONE MEMORIAL DR. WEST PALM BEACH FL 33417	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEISSMAN, ROBERTA 6219 WOODCUTTER CT PALM BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SRIBERG, TERRI 19 JAMES DR PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, JOAN 13308 VERDUN DR PALM BCH GARDENS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FALK, ELLEN S. 113 WINDWARD DR. PALM BEACH GARDENS, FL 33418	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZELNICK, MARILYN 13932 EASTPOINTE COURT PALM BEACH GARDENS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEVINE, SUZANNE 115 ST. MARTIN DR. PALM BEACH GARDENS, FL 33418	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GREENBAUM, CAROL 451 S. COUNTRY CLUB DR ATLANTIS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ D ~~LEVINE, SUZANNE~~ ~~115 ST. MARTIN DR.~~ ~~PALM BEACH GARDENS, FL 33418~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GACKENHEIMER, E. DREW 4847 FRED GLADSTONE DR WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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 or trustee 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: E. DREW GACKENHEIMER 7-9-02 561-687-5744