

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90001 027 ****61.25

DOCUMENT # N48593

1. Entity 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**

54005623



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**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. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **D WEISSMAN, ROBERTA**
STREET ADDRESS **6219 WOODCUTTER CT**
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE ☐ Delete
NAME **P SRIBERG, TERRI**
STREET ADDRESS **19 JAMES DR**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME **T FALK, ELLEN S**
STREET ADDRESS **113 WINDWARD DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME **VP LEVINE, SUZANNE**
STREET ADDRESS **115 ST MARTIN DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME **D GREENBAUM, CAROL N**
STREET ADDRESS **235 GARDEN RD**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME **D 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 ☒ Change ☐ Addition
NAME **D STOCH, LINDA**
STREET ADDRESS **104 VINTAGE ISLE LANE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. DREW GACKENHEIMER

2-5-04

Date

561-687-5744

Daytime Phone #