


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

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
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0329966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCH, LINDA 104 VINTAGE ISLE LANE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SRIBERG, TERRI 19 JAMES DR PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALK, ELLEN S 113 WINDWARD DR PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVINE, SUZANNE 115 ST MARTIN DR PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBAUM, CAROL N 235 GARDEN RD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GACKENHEIMER, E. DREW 4847 FRED GLADSTONE DR WEST PALM BEACH, FL 33417

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01/20/05-80049-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 without other like empowered.

SIGNATURE:  **E. DREW GACKENHEIMER** **1-11-05** **561-681-5144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #