

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N48593

FILED
Jan 09, 2003
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 85-0329966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEISSMAN, ROBERTA
Address: 6219 WOODCUTTER CT
City-St-Zip: PALM BCH, FL

Title: P () Delete
Name: SRIBERG, TERRI
Address: 19 JAMES DR
City-St-Zip: PALM BEACH, FL

Title: T () Delete
Name: FALK, ELLEN S
Address: 113 WINDWARD DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: LEVINE, SUZANNE
Address: 115 ST MARTIN DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: GREENBAUM, CAROL
Address: 451 S. COUNTRY CLUB DR
City-St-Zip: ATLANTIS, FL

Title: D () Delete
Name: GACKENHEIMER, E. DREW
Address: 4847 FRED GLADSTONE DR
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEISSMAN, ROBERTA
Address: 6219 WOODCUTTER CT
City-St-Zip: PALM BCH, FL 33480

Title: P (X) Change () Addition
Name: SRIBERG, TERRI
Address: 19 JAMES DR
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GREENBAUM, CAROL N
Address: 235 GARDEN RD
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. DREW GACKENHEIMER

D

01/09/2003

Electronic Signature of Signing Officer or Director

Date