

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09403

FILED  
Feb 08, 2007  
Secretary of State

**Entity Name:** NEARLY NEW THRIFT SHOP OF THE MORSE GERIATRIC CENTER, INC.

**Current Principal Place of Business:**

4847 FRED GLADSTONE DR.  
W. PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

4847 FRED GLADSTONE DR.  
W. PALM BEACH, FL 33417

**New Mailing Address:**

**FEI Number:** 59-2533256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUNK, MORRIS S  
4847 FRED GLADSTONE DR.  
W. 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: P ( ) Delete  
Name: GOLDBLUM, NORMAN P  
Address: 109 EVERGLADES AVE  
City-St-Zip: PALM BEACH, FL

Title: T ( ) Delete  
Name: GACKENHEIMER, DREW,  
Address: 4847 FRED GLADSTONE DR.  
City-St-Zip: W. PALM BEACH, FL

Title: D ( ) Delete  
Name: SADOWSKY, ALAN D  
Address: 6445 WOODLAKE ROAD  
City-St-Zip: JUPITER, FL 33458

Title: D (X) Delete  
Name: MCCULLUM, JANET  
Address: 8049 S.E. PILOTS COVE TERRACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete  
Name: STABLER, DIANE  
Address: 12842 MEADOWBEND DR  
City-St-Zip: W PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GOLDBLUM, NORMAN P  
Address: 109 EVERGLADES AVE  
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Change ( ) Addition  
Name: LISA JO DESMARTEAU,  
Address: 4847 FRED GLADSTONE DRIVE  
City-St-Zip: W. PALM BEACH, FL 33417

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

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

Title: D (X) Change ( ) Addition  
Name: STABLER, DIANE  
Address: 12842 MEADOWBEND DR  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NORMAN P. GOLDBLUM

P

02/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date