

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09403

FILED
Oct 31, 2008
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:

MYERS, KEITH
4847 FRED GLADSTONE DR.
W. PALM BEACH, FL 33417 US

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: KEITH MYERS

10/31/2008

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 33480

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change () Addition
Name: MYERS, KEITH
Address: 4847 FRED GLADSTONE DRIVE
City-St-Zip: W. PALM BEACH, FL 33417

Title: D () Change (X) Addition
Name: MCCLAMMA, LINDA
Address: 4847 FRED GLADSTONE DR
City-St-Zip: W.PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify 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: KEITH MYERS

P

10/31/2008

Electronic Signature of Signing Officer or Director

Date