

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09403

FILED
Feb 09, 2012
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:

4847 FRED GLADSTONE DR
W. PALM BEACH, FL 33417

FEI Number: 59-2533256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MYERS, KEITH
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
Name: GOLDBLUM, NORMAN P
Address: 109 EVERGLADES AVE
City-St-Zip: PALM BEACH, FL 33480

Title: D
Name: CHAE, HONG
Address: 4847 FRED GLADSTONE DRIVE
City-St-Zip: W. PALM BEACH, FL 33417

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

Title: P
Name: MYERS, KEITH A
Address: 4847 FRED GLADSTONE DRIVE
City-St-Zip: W. PALM BEACH, FL 33417

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

I hereby 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 all other like empowered.

SIGNATURE: KEITH A MYERS

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date