

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19523

FILED
Mar 16, 2009
Secretary of State

Entity Name: MORSELIFE FOUNDATION, INC.

Current Principal Place of Business:

4847 FRED GLADSTONE DR.
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4847 FRED GLADSTONE DR.
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-2774476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, KEITH A
4847 FRED GLADSTONE DRIVE
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: GOLDBLUM, NORMAN P
Address: 109 EVERGLADES AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: KATZ, STANLEY M
Address: TWO NORTH BREAKERS ROW
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: PLATZNER, HERBERT B
Address: 6949 FOUNTAINS CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: P () Delete
Name: LORING, ARTHUR S
Address: 622 N FLAGLER DRIVE #1001
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: SRIBERG, TERRI
Address: 19 ST. JAMES DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S () Delete
Name: BRENNER, STANLEY
Address: 44 COCOANUT ROW #A113
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: KATZ, STANLEY M
Address: TWO NORTH BREAKERS ROW N45
City-St-Zip: PALM BEACH, FL 33480

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

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

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

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

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 A. MYERS

MR.

03/16/2009

Electronic Signature of Signing Officer or Director

Date