

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19523

Entity Name: MORSELIFE FOUNDATION, INC.**Current Principal Place of Business:**4847 DAVID MACK DRIVE
WEST PALM BEACH, FL 33417**Current Mailing Address:**4847 DAVID MACK DRIVE
WEST PALM BEACH, FL 33417 US**FEI Number:** 59-2774476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MYERS, KEITH A
4847 DAVID MACK DRIVE
WEST 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name CHAE, HONG
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title PRESIDENT
Name LORING, ARTHUR
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title CEO
Name MYERS, KEITH
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name GANEK, HOWARD
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name APPLE, ROY
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER
Name RUBENSTEIN, MITCHELL
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title SECRETARY
Name ROTHSCHILD, RICHARD
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name KATZ, STANLEY
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

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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: HONG CHAE**CFO****04/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KITTREDGE, FRANCINE
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name SRIBERG, TERRI
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name JACOBS, JOSEPH
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name MARGOLIS, MICHAEL
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417

Title VP
Name MACK, DAVID
Address 4847 DAVID MACK DRIVE
City-State-Zip: WEST PALM BEACH FL 33417