

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002638

**FILED**  
**Apr 20, 2014**  
**Secretary of State**  
**CC9618482767**

**Entity Name:** EAST BEACH FAMILY EMERGENCY DEPOT, INC.

**Current Principal Place of Business:**

740 S E 1ST STREET  
BELLE GLADE, FL 33430

**Current Mailing Address:**

740 S. E. 1ST STREET  
BELLE GLADE, FL 33430 US

**FEI Number:** 01-0954153

**Certificate of Status Desired:** Yes

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

ADAMS, BURLEY JR  
605 S W 11TH STREET  
BELLE GLADE, FL 33430 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 DP  
Name BELL-SPENCE, BARBARA  
Address 740 SE FIRST ST  
City-State-Zip: BELLE GLADE FL 33430

Title DVP  
Name ROBERTS, TED  
Address 4510 PORTOFINO WAY, APT. 23  
City-State-Zip: WEST PALM BEACH FL 33409

Title DST  
Name SHARPE, SYLVIA  
Address 8276 BLUE CYPRESS DR.  
City-State-Zip: LAKE WORTH FL 33467

Title D  
Name COLLINS, WALTER  
Address 623 S E 3RD STREET  
City-State-Zip: BELLE GLADE FL 33430

Title D  
Name LEWIS, AUSTIN  
Address 612 S W 11TH STREET  
City-State-Zip: BELLE GLADE FL 33430

*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:** BARBARA BELL-SPENCE

**PRESIDENT**

**04/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date