

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002638

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 DIRECTOR
Name HAULSTEAD, WILLIE J JR.
Address 689 S. W. 9TH 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

04/09/2017

Electronic Signature of Signing Officer/Director Detail

Date