FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **709578** **(9)**

1. Corporation Name

GLADES GENERAL HOSPITAL AUXILIARY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 8002 1201 SOUTH MAIN STREET BELLE GLADE FL 33430	P.O. BOX 8002 1201 SOUTH MAIN STREET BELLE GLADE FL 33430

3. Date Incorporated or Qualified: 09/13/1965
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2811993 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHECKLEY, FRANCES K 1729 W. CANAL ST., N. BELLE GLADE FL 33430	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	THOMPSON, LYNETTE	1.2 NAME	HUFFSTICKLER, KATHERINE	
STREET ADDRESS	1011 SE 3RD ST.	1.3 STREET ADDRESS	508 N.E. 1ST ST.	
CITY-ST-ZIP	BELLE GLADE FL	1.4 CITY-ST-ZIP	BELLE GLADE, FL. 33430	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HUFFSTICKLER, KATHERINE	2.2 NAME	ANDERSON, JANE	
STREET ADDRESS	508 NE 1ST ST	2.3 STREET ADDRESS	616 N.W. AVE "G"	
CITY-ST-ZIP	BELLE GLADE FL	2.4 CITY-ST-ZIP	BELLE GLADE, FL. 33430	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, AUDREY	3.2 NAME		
STREET ADDRESS	305 SW 2ND AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH BAY FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	KIRK, RUBY	4.2 NAME		
STREET ADDRESS	172 NE THIRD ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	CHECKLEY, FRANCES	5.2 NAME		
STREET ADDRESS	1729 W. CANAL ST., N.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	FRANKE, LAYDE	6.2 NAME		
STREET ADDRESS	140 SE 5 ST NO.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances K. Checkley T 4-3-95 407-996-5061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANCES K. CHECKLEY