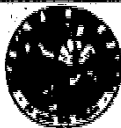


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
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

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

**CHECKLEY, FRANCES K
1729 W. CANAL ST., N.
BELLE GLADE FL 33430**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

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 NE 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)(k), 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANCES K. CHECKLEY

4-3-95
Date

407-996-5061
Telephone #