

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 15 1996 8:00 am
Secretary of State

DOCUMENT # 709578 (9)
1. Corporation Name
GLADES GENERAL HOSPITAL AUXILIARY, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1965		3a. Date of Last Report 04/20/1995	
21		26		4. FEI Number 59-2811993		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		24		25	
29		30					

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required with or without stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFF-STICKLER, KATHERINE	1.2 NAME	
STREET ADDRESS	508 NE 1ST ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JANE	2.2 NAME	ALICE WHEATON
STREET ADDRESS	616 NW AVE "G"	2.3 STREET ADDRESS	124 AVE "H"
CITY - ST - ZIP	BELLE GLADE FL	2.4 CITY - ST - ZIP	BELLE GLADE, FL
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, RUBY	4.2 NAME	MARY ALMA STEVENSON
STREET ADDRESS	172 NE THIRD ST.	4.3 STREET ADDRESS	636 S.E. 10th STREET
CITY - ST - ZIP	BELLE GLADE FL	4.4 CITY - ST - ZIP	BELLE GLADE, FL
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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

3-27-96 407-996-5061
Date Daytime Phone #

CR2E037 (12/95)