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# Jun 17 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

**DOCUMENT #** 709578 (9)

1. Corporation Name

GLADES GENERAL HOSPITAL AUXILIARY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1201 South Main St<br>Belle Glade FL 33430 | P.O. Box 1715<br>Belle Glade FL 33430 |

3. Date Incorporated or Qualified: 09-13-65
3a. Date of Last Report: -- 1996
4. FEI Number: 69-2811993 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

**9. Name and Address of Current Registered Agent**

CAUSEY, MARIE
P.O. Box 1715 (435 E. Av M.)
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: MARIE CAUSEY, Treasurer Marie Causey 6/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HUFF-STICKLER KATHERINE<br>506 NE 1ST ST<br>BELLE GLADE FL 33430 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD F<br>WHEATON, ALICE<br>124 AVE H<br>BELLE GLADE FL 33430 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD F<br>WHIDDEN, DOROTHY<br>531 S.E 2nd St<br>BELLE GLADE FL 33430 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>STEVENSON, MARY ALMA<br>636 SE 1st ST<br>BELLE GLADE FL 33430 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CAUSEY, MARIE<br>P.O. BOX 1715 435 E. AV. M.<br>BELLE GLADE FL 33430 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>500002215985<br>-06/13/97--01067--025<br>***61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FRANKE, LAYDE<br>140 SE 5 ST NO<br>BELLE GLADE FL 33430 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>OS<br>6/17/97 |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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:** Marie Causey, Treasurer 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #