FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Jan 28 1998 8:00am
Secretary of State

DOCUMENT # 709578 (9)

1. Corporation Name

GLADES GENERAL HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
1201 SOUTH MAIN ST BELLE GLADE FL 33430	P.O. BOX 1715 BELLE GLADE FL 33430

3. Date Incorporated or Qualified: 09/13/1965

4. FEI Number: 59-2811993 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a ~~homeowners association~~? Non Profit ☐ Yes ☐ No

8. This corporation owes or has paid the current ~~year intangible~~ Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAUSEY, MARIE
~~425 E AVE M~~ → 43 S.E. AV. M.
BELLE GLADE FL 33430 → P.O Box 1715

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 1/15/98 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUFF-STICKLER, KATHERINE		1.2 NAME		
STREET ADDRESS	506 NE 1ST ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		1.4 CITY-ST-ZIP		
TITLE	VD1	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHEATON, ALICE		2.2 NAME		
STREET ADDRESS	124 AVE H		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		2.4 CITY-ST-ZIP		
TITLE	VD2	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHIDDEN, DOROTHY		3.2 NAME		
STREET ADDRESS	537 S.E. 2ND ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEVENSON, MARY ALMA		4.2 NAME		
STREET ADDRESS	636 SE 1ST ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAUSEY, MARIE		5.2 NAME		
STREET ADDRESS	43 S.E. AVE M		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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 33430		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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.

561-996-5650

SIGNATURE: SIGNATURE REQUIRED Marie Causey 1/15/98