2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90081 011 ****61.25

DOCUMENT # 709578

1. Entity Name

GLADES GENERAL HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
1200 SOUTH MAIN ST BELLE GLADE FL 33430	955 N.W. 4TH ST. BELLE GLADE FL 33430

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAUGHMAN, JOAN 955 N.W. 4TH STREET BELLE GLADE FL 33430	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUFF-STICKLER, KATHERINE 506 NE 1ST ST. BELLE GLADE FL 33430	■ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Burke,Mary Frances 2740 NW 16th St. Belle Glade, FL 33430	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD1 TIPTON, MARGARET 316 N.W. AVE F, APT #3 BELLE GLADE FL 33430	■ Delete	TITLE VP1 NAME STREET ADDRESS CITY-ST-ZIP	Crews, Virginia 24 N.W. Avenue G Belle Glade, FL 33430	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD2 WHIDDEN, DOROTHY 537 S.E. 2ND ST BELLE GLADE FL 33430	■ Delete	TITLE VP2 NAME STREET ADDRESS CITY-ST-ZIP	Williams-Catherine 701 SE 1st Street Belle Glade, FL 33430	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BAUGHMAN, JOAN 955 N.W. 4TH ST BELLE GLADE FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKE, LAYDE 140 S.E. 5TH ST NO BELLE GLADE FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan N Baughman 2/10/06 561-996-1880