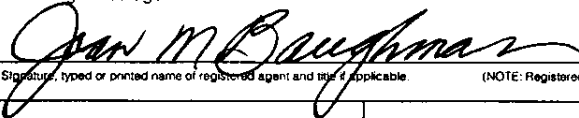
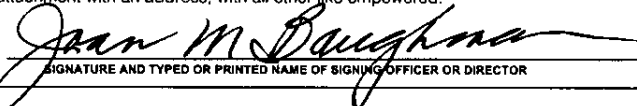


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 004 ****61.25

DOCUMENT # 709578 1. Entity Name GLADES GENERAL HOSPITAL AUXILIARY, INC.					
Principal Place of Business 1200 SOUTH MAIN ST BELLE GLADE, FL 33430			Mailing Address 955 N.W. 4TH ST. BELLE GLADE, FL 33430		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1600 SE 9th Avenue Suite, Apt. #, etc.			
City & State _____		City & State Okeechobee, FL		4. FEI Number 59-2811993	
Zip _____		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUGHMAN, JOAN 955 N.W. 4TH STREET BELLE GLADE, FL 33430				7. Name and Address of New Registered Agent Name Joan M. Baughman Street Address (P.O. Box Number is Not Acceptable) 1600 SE 9th Avenue City Okeechobee FL Zip Code 34974	
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 3-21-08	
Filing Fee is \$61.25 Due by May 1, 2008		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 BURKE, MARY FRANCES 2740 NW 16TH ST BELLE GLADE, FL 33430	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD1 CREWS, VIRGINIA 24 NW AVE G BELLE GLADE, FL 33430	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD2 WILKINS, CATHERINE 701 SE 1ST ST BELLE GLADE, FL 33430	☒ Delete			
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	D FRANKÉ, LAYDE 140 S.E. 5TH ST NO BELLE GLADE, FL 33430	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD1 Ena B. Westcarth 201 NW 14th Street Belle Glade, FL 33430	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD2 Mildred Miller 104 NW Avenue G Belle Glade, FL 33430	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Joan Baughman 1600 SE 9th Avenue Okeechobee, FL 34974	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Virginia Crews 24 NW Avenue G Belle Glade, FL 33430	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  3/21/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					