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	Mailing Address
1200 SOUTH MAIN ST BELLE GLADE, FL 33430	955 N.W. 4TH ST. BELLE GLADE, FL 33430

50001372

03202008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	1600 SE 9th Avenue Suite, Apt. #, etc.
City & State	City & State: Okeechobee, FL
Zip / Country	Zip: 34974 / Country: USA

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: Joan M. Baughman Street Address (P.O. Box Number is Not Acceptable): 1600 SE 9th Avenue Okeechobee, FL 3497 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: Joan M Baughman 3-21-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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		☐ Change ☐ Addition
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	VD1 Ena B. Westcarth 201 NW 14th Street Belle Glade, FL 33430	☐ Change ☐ Addition
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	VD2 Mildred Miller 104 NW Avenue G 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	STD Joan Baughman 1600 SE 9th Avenue Okeechobee, FL 34974	☒ 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	D Virginia Crews 24 NW Avenue G Belle Glade, FL 33430	☐ 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 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: Joan M Baughman 3/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #