

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709578

FILED
Apr 20, 2009
Secretary of State

Entity Name: GLADES GENERAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

1200 SOUTH MAIN ST
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

1600 SE 9TH AVE
OKEECHOBEE, FL 34974

New Mailing Address:

1200 SOUTH MAIN ST
BELLE GLADE, FL 33430

FEI Number: 59-2811993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUGHMAN, JOAN M
1600 SE 9TH AVE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

BAUGHMAN, JOAN M
1200 SOUTH MAIN STREET
BELLE GLADE, FL 33430 US

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.

SIGNATURE:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURKE, MARY FRANCES
Address: 2740 NW 16TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: VD1 () Delete
Name: WESTCARTH, ENA B
Address: 201 NW 14TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: VD2 () Delete
Name: MILLER, MILDRED
Address: 104 NW AVENUE G
City-St-Zip: BELLE GLADE, FL 33430

Title: STD () Delete
Name: BAUGHMAN, JOAN
Address: 1600 SE 9TH AVE
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: CREWS, VIRGINIA
Address: 24 NW AVENUE G
City-St-Zip: BELLE GLADE, FL 33430

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD1 (X) Change () Addition
Name: GUERRY, YVONNE
Address: 1717 S.E. AVENUE H PLACE
City-St-Zip: BELLE GLADE, FL 33430

Title: VD2 (X) Change () Addition
Name: SMITH, NANCY
Address: 1740 S.E. AVENUE K
City-St-Zip: BELLE GLADE, FL 33430

Title: TD (X) Change () Addition
Name: BAUGHMAN, JOAN
Address: 1600 SE 9TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: RSD (X) Change () Addition
Name: ANDERSON, JANE
Address: 933 STILLWELL ROAD, APT. 1
City-St-Zip: BELLE GLADE, FL 33430

Title: CSD () Change (X) Addition
Name: RICE, LETHA
Address: 100 ROYAL PALM WAY
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN BAUGHMAN

TD

04/20/2009

Electronic Signature of Signing Officer or Director

Date