

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709578

FILED  
Apr 22, 2010  
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:**

39200 HOOKER HIGHWAY  
BELLE GLADE, FL 33430

**Current Mailing Address:**

1200 SOUTH MAIN ST  
BELLE GLADE, FL 33430

**New Mailing Address:**

39200 HOOKER HIGHWAY  
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  
1200 SOUTH MAIN STREET  
BELLE GLADE, FL 33430 US

**Name and Address of New Registered Agent:**

GOODSON, GLENDA C TREAS  
39200 HOOKER HIGHWAY  
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: GLENDA C. GOODSON

04/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VD1  
Name: PHILLIPS, SARA N  
Address: 609 SE 12TH ST  
City-St-Zip: BELLE GLADE, FL 33430

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

Title: TD  
Name: GOODSON, GLENDA C  
Address: 14830 U.S. 441 NORTH  
City-St-Zip: CANAL POINT, FL 33438

Title: RSD  
Name: THOMPSON, JANE  
Address: 1040 SE 3RD ST  
City-St-Zip: BELLE GLADE, FL 33430

Title: CSD  
Name: WESTCARTH, ENA  
Address: 201 NW14TH ST  
City-St-Zip: BELLE GLADE, FL 33430

I hereby 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 all other like empowered.

SIGNATURE: GLENDA C. GOODSON

TREA

04/22/2010

Electronic Signature of Signing Officer or Director

Date