2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# 709578

Entity Name: GLADES GENERAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

39200 HOOKER HIGHWAY
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

39200 HOOKER HIGHWAY
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 59-2811993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODSON, GLENDA C TREAS
39200 HOOKER HIGHWAY
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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: _____

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 TD 01/06/2011

Electronic Signature of Signing Officer or Director — Date