# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 14, 2005**
**Secretary of State**

DOCUMENT# N99000000365

**Entity Name:** SHANDS AUXILIARY, INC.

**Current Principal Place of Business:**

1329 SW 16TH STREET, SUITE 5256
GAINSVILLE, FL 32610

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100303
GAINSVILLE, FL 32610

**New Mailing Address:**

**FEI Number: 59-3551267** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

KOVAL, CHARLES B
1329 SW 16TH ST STE 5256
GAINSVILLE, FL 32608 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 ( ) Delete
Name: GOLDFARB, TIMOTHY
Address: 1329 SW 16TH ST., STE. 5256
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD ( ) Delete
Name: ELLIS, GEORGIANN
Address: 1329 SW 16TH ST., STE. 5256
City-St-Zip: GAINESVILLE, FL 32608

Title: SD ( ) Delete
Name: ARNOLD, SANDRA E
Address: 1329 SW 16TH ST., STE. 5256
City-St-Zip: GAINESVILLE, FL 32608

Title: TD ( ) Delete
Name: JONES, JEFFREY
Address: 1329 SW 16TH ST., STE. 5256
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: KOVAL, CHARLES B
Address: 1329 SW 16TH ST., STE. 5256
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: MCKINLEY, KAY
Address: 1329 SW 16TH ST., STE. 5256
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA ARNOLD S 02/14/2005

Electronic Signature of Signing Officer or Director — Date