2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# N99000000365

Entity Name: SHANDS AUXILIARY, INC.

Current Principal Place of Business:

720 SW 2ND AVE
SUITE 360A
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

720 SW 2ND AVE
SUITE 360A
GAINESVILLE, FL 32601

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
720 SW 2ND AVENUE, SUITE 360 A
GAINSVILLE, FL 32601 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:	1600 SW ARCHER RD/BOX 100326	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	VPD	( ) Delete
Name:	ELLIS, GEORGIANN	
Address:	1600 SW ARCHER RD/BOX 100326	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	SD	( ) Delete
Name:	ARNOLD, SANDRA E	
Address:	1600 SW ARCHER RD/BOX 100351	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	TD	( ) Delete
Name:	JONES, JEFFREY	
Address:	1600 SW ARCHER RD/BOX 100336	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	D	( ) Delete
Name:	KOVAL, CHARLES B	
Address:	720 SW 2ND AVE, STE 360A	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	D	( ) Delete
Name:	DOUGLAS, NANCY	
Address:	4905 SW 10TH LANE	
City-St-Zip:	GAINESVILLE, FL 32607	

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 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: CHARLES B. KOVAL AS 02/12/2007
Electronic Signature of Signing Officer or Director — Date