2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900000365

Entity Name: SHANDS AUXILIARY, INC.

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
720 SW 2ND AVE SUITE 360A GAINESVILLE, FL 32601						
Current Mailing Address:				New Mailing Address:		
720 SW 2ND AVE SUITE 360A GAINESVILLE, FL 32601			720 SW 2ND AVENUE SUITE 360 A GAINESVILLE, FL 32601			
FEI Number:	59-3551267	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Ad					Address of N	ew Registered Agent:
KOVAL, CHARLES B 720 SW 2ND AVENUE, SUITE 360 A GAINESVILLE, FL 32601 US				KOVAL, CHARLES B 720 SW 2ND AVENUE SUITE 360 A GAINESVILLE, FL 32601 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:			03/04/2009			
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GOLDFARB, TIM	R RD/BOX 100326		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	ELLIS, GEORGIA	R RD/BOX 100326		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	ARNOLD, SANDE	R RD/BOX 100351		Title: Name: Address: City-St-Zip:	D (X) LONNIE, THOME 801 SW 2ND AV GAINESVILLE, F	/E.
Title: Name: Address: City-St-Zip:	JONES, JEFFRE	R RD/BOX 100336		Title: Name: Address: City-St-Zip:	TERESA, SABIN 368 NE FRANKL	LIN STREET
Title: Name: Address: City-St-Zip:	D () E KOVAL, CHARLE 720 SW 2ND AVE GAINESVILLE, FI	E, STE 360A		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () E WHITE, MARY 4329 NW 10TH P GAINESVILLE, FI			Title: Name: Address: City-St-Zip:	D (X) WHITE, MARY 1600 SW ARCH GAINESVILLE, F	

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: CHARLES B. KOVAL D 03/04/2009