

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 17, 2009
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 AVENUE
SUITE 360 A
GAINESVILLE, FL 32601**New Mailing Address:**720 SW 2ND AVE
SUITE 360A
GAINESVILLE, FL 32601

FEI Number: 59-3551267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:KOVAL, CHARLES B
720 SW 2ND AVENUE
SUITE 360 A
GAINESVILLE, 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 32610Title: VPD () Delete
Name: ELLIS, GEORGIANN
Address: 1600 SW ARCHER RD/BOX 100326
City-St-Zip: GAINESVILLE, FL 32610Title: D () Delete
Name: LONNIE, THOMPSON
Address: 801 SW 2ND AVE.
City-St-Zip: GAINESVILLE, FL 32601Title: D () Delete
Name: TERESA, SABINO
Address: 368 NE FRANKLIN STREET
City-St-Zip: LAKE CITY, FL 32055Title: D () Delete
Name: KOVAL, CHARLES B
Address: 720 SW 2ND AVE, STE 360A
City-St-Zip: GAINESVILLE, FL 32601Title: D () Delete
Name: WHITE, MARY
Address: 1600 SW ARCHER RD.
City-St-Zip: GAINESVILLE, FL 32610**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: KEETON, CONSTANCE
Address: 1600 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32601Title: D (X) Change () Addition
Name: SABINO, TERESA
Address: 368 NE FRANKLIN STREET
City-St-Zip: LAKE CITY, FL 32055Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: SEYMORE, MARGARET
Address: 1600 SW ARCHER RD.
City-St-Zip: GAINESVILLE, FL 32610

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

09/17/2009

Electronic Signature of Signing Officer or Director

Date