

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000365

FILED
Apr 25, 2011
Secretary of State

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 ()

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: D
Name: SEYMOUR, MARGARET
Address: 1600 SW ARCHER RD.
City-St-Zip: GAINESVILLE, FL 32610

Title: P
Name: GOLDFARB, TIMOTHY
Address: 1600 SW ARCHER RD/BOX 100326
City-St-Zip: GAINESVILLE, FL 32610

Title: D
Name: KEETON, CONSTANCE
Address: 1600 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32610

Title: D
Name: SABINO, TERESA
Address: 368 NE FRANKLIN STREET
City-St-Zip: LAKE CITY, FL 32055

Title: D
Name: KOVAL, CHARLES B
Address: 720 SW 2ND AVE, STE 360A
City-St-Zip: GAINESVILLE, FL 32601

Title: VP
Name: MCMULLEN, ELIZABETH
Address: 1248 IRVIN AVENUE SW
City-St-Zip: LIVE OAK, FL 32064

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: CHARLES B. KOVAL

D

04/25/2011

Electronic Signature of Signing Officer or Director

Date