2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2013
Secretary of State
CC4065979949

DOCUMENT# 709578

Entity Name: GLADES GENERAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

39200 HOOKER HIGHWAY
BELLE GLADE, FL 33430

Current Mailing Address:

39200 HOOKER HIGHWAY
BELLE GLADE, FL 33430

FEI Number: 59-2811993

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODSON, GLENDA CTREAS
39200 HOOKER HIGHWAY
BELLE GLADE, FL 33430 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	BURKE, MARY FRANCES
Address	2740 NW 16TH ST
City-State-Zip:	BELLE GLADE FL 33430

Title	VD1
Name	PITTS, JACKIE C
Address	801 NE 2ND ST
City-State-Zip:	BELLE GLADE FL 33430

Title	VD2
Name	DIXON, ALICE
Address	34 LAKESIDE CIRCLE
City-State-Zip:	PAHOKEE FL 33476

Title	TD
Name	GOODSON, GLENDA C
Address	14830 U.S. 441 NORTH
City-State-Zip:	CANAL POINT FL 33438

Title	RSD
Name	ADAMS, MARY FRANCES
Address	605 SW 11TH ST
City-State-Zip:	BELLE GLADE FL 33430

Title	CSD
Name	JONES, CAROLYN W
Address	1016 NE 27TH STREET
City-State-Zip:	BELLE GLADE FL 33430

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: GLENDA C. GOODSON TREASURER 02/09/2013

Electronic Signature of Signing Officer/Director Detail — Date