

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**PITTS, JACKIE 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:** JACKIE C PITTS

01/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	ADAMS, FRANCES
Address	709 N.E. 3RD. STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	VD1
Name	PELHAM, LEODA
Address	P.O. BOX 373
City-State-Zip:	CANAL POINT FL 33438

Title	VD2
Name	ODUM, LAURA
Address	1333 N.W. AVENUE D #2
City-State-Zip:	BELLE GLADE FL 33430

Title	TD
Name	PITTS, JACKIE C
Address	801 N.E. 2ND. STREET
City-State-Zip:	BELLE GLADE FL 33430

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

Title	CSD
Name	MILITA, CAROLYN
Address	P.O. BOX 35
City-State-Zip:	CANAL POINT FL 33438

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: JACKIE C. PITTS**TREASURER**

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date