

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000365

Entity Name: SHANDS AUXILIARY, INC.

Current Principal Place of Business:

3007 SW WILLISTON RD
SUITE 1120
GAINESVILLE, FL 32608

Current Mailing Address:

P. O. BOX 100303
GAINESVILLE, FL 32610 US

FEI Number: 59-3551267

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDOWELL, LAWRENCE
3007 SW WILLISTON RD
SUITE 1120
GAINESVILLE, FL 32608 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: LAWRENCE MCDOWELL

03/31/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CRAWFORD, ALLYSON
Address 1600 SW ARCHER ROAD
City-State-Zip: GAINESVILLE FL 32610

Title SECRETARY
Name FANKHAUSER, LISA
Address 6015 SW 86TH DR
City-State-Zip: GAINESVILLE FL 32608

Title TREASURER
Name CLOSE, BARBARA
Address 5424 SW 91ST TERRACE
City-State-Zip: GAINESVILLE FL 32608

Title PRESIDENT
Name WATSON, LOUISE
Address 418 SE 7TH ST
City-State-Zip: GAINESVILLE FL 32601

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: ALLYSON CRAWFORD

DIRECTOR

03/31/2025

Electronic Signature of Signing Officer/Director Detail

Date