

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000365

Entity Name: SHANDS AUXILIARY, INC.

Current Principal Place of Business:

3007 SW WILLISTON ROAD
SUITE 1A
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:

GALLO, VIVIAN M
3007 SW WILLISTON ROAD
SUITE 1A
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, VP
Name JIMENEZ, EDWARD
Address 1600 SW ARCHER RD.
P. O. BOX 100326
City-State-Zip: GAINESVILLE FL 32610

Title D
Name KRIEG, LINDSAY
Address 1600 SW ARCHER ROAD
City-State-Zip: GAINESVILLE FL 32610

Title D
Name GREATHOUSE, DAN
Address 636 NE 10TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title D
Name GREENBERG, MARCIA
Address 3646 NW 68TH LANE
City-State-Zip: GAINESVILLE FL 32653

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: LINDSAY KRIEG

DIRECTOR

02/03/2015

Electronic Signature of Signing Officer/Director Detail

Date