

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000365

Entity Name: SHANDS AUXILIARY, INC.**Current Principal Place of Business:**201 SE 2ND AVENUE
SUITE 209
GAINESVILLE, FL 32601**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:**YOUNG, THOMAS WILLIAM
201 SE 2ND AVENUE
SUITE 209
GAINESVILLE, FL 32601 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:** THOMAS WILLIAM YOUNG

02/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	D
Name	GREATHOUSE, KAY
Address	636 NE 10TH AVENUE
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: EDWARD JIMENEZ

P/D

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date