2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11461

FILED Feb 09, 2009 Secretary of State

Entity Name: RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

824 CHILDREN'S WAY JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

824 CHILDREN'S WAY JACKSONVILLE, FL 32207

FEI Number: 59-2625008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAFAYE, BROCK, & ASSOCIATES, PA 501 RIVÉRSIDE ÁVENUE STE. 800 JACKSONVILLE, FL 32202 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:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32256

() Delete (X) Change () Addition HOLLAND, GREG JOHNSON, MEL Name: Name: ONE INDEPENDENT DRIVE Address: 50 NORTH LAURA STREET, STE, 3700 Address: JACKSONVILLE, FL 32202

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

JOHNSON, MELVIN Name: DEVINE, APRIL Name:

Address: ONE INDPENDENT DRIVE STE. 2901 Address: 4800 DEERWOOD CAMPUS PKWY, BLDG, 100

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete Title: () Change () Addition TOUSEY, CLAY

Name: Name: 1 INDEPENDENT DRIVE, STE 2600 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip:

() Delete Title: ED Title: () Change () Addition

Name: HARDAKER, JOY C Name: Address: 824 CHILDREN'S WAY Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip:

JACKSONVILLE, FL 32246

Title: () Delete Title: (X) Change () Addition

ECCHER, ANDY DALTON, JAMES Name: Name:

9985 PRITCHARD ROAD 140 WEST MONROE STREET, STE. 200 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete Title: (X) Change () Addition HARRELL-DEVINE, APRIL SCHWARTZ, RYAN Name: Name: Address: 4800 DEERWOOD CAMPUS PKWY Address: 5011 GATE PARKWAY, STE. 150

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOY C. HARDAKER ED 02/09/2009