

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11461

FILED  
Feb 25, 2011  
Secretary of State

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

**Current Principal Place of Business:**

824 CHILDREN'S WAY  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

824 CHILDREN'S WAY  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-2625008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAFAYE, BROCK, & ASSOCIATES, PA  
501 RIVERSIDE AVENUE  
STE. 800  
JACKSONVILLE, FL 32202 US

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

LBA CERTIFIED PUBLIC ACCOUNTANTS, PA  
501 RIVERSIDE AVENUE  
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: ED GRENADIER

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VAN ZANTE, WILLIAM  
Address: 205 WALLER WAY, #6  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP  
Name: DALTON, JAMES  
Address: 140 WEST MONROE STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T  
Name: SCHWARTZ, RYAN  
Address: 5011 GATE PARKWAY, STE 150  
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: S  
Name: YOUNG, O. WAYNE  
Address: 13865 DEER CHASE PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D  
Name: MCLAUCHLAN, KRISTIN  
Address: 822 A1A NORTH, STE 101  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: JOY C. HARDAKER

ED

02/25/2011

Electronic Signature of Signing Officer or Director

Date