

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11461

Entity Name: RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC.**FILED**
Apr 01, 2013
Secretary of State
CC9617241295**Current Principal Place of Business:**824 CHILDREN'S WAY
JACKSONVILLE, FL 32207**Current Mailing Address:**824 CHILDREN'S WAY
JACKSONVILLE, FL 32207**FEI Number: 59-2625008****Certificate of Status Desired: No****Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

Title	T
Name	CUNKLE, AUSTIN C
Address	501 RIVERSIDE AVENUE, 11TH FL
City-State-Zip:	JACKSONVILLE FL 32202

Title	S
Name	ANTHONY, AMBER
Address	6600 CORPORATE CENTER PARKWAY
City-State-Zip:	JACKSONVILLE FL 32255

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

Title	VP
Name	KENDALL, MICHAEL D.
Address	824 CHILDREN'S WAY
City-State-Zip:	JACKSONVILLE FL 32207

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: RYAN SCHWARTZ**PRESIDENT****04/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date