


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90055 049 ****61.25

DOCUMENT # 743406 1. Entity Name RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.					
Principal Place of Business 401 7TH AVE S. ST. PETERSBURG, FL 33701 US			Mailing Address 2811 SANDPIPER PL CLEARWATER, FL 33762 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, JANICE 28 COLUMBIA DR. TAMPA, FL 33606				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AMEEN, ED		NAME	DAN HONEGGER	
STREET ADDRESS	2811 SANDPIPER PL		STREET ADDRESS	425 NORTH FLORIDA AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33762		CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VD <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRING, JEFF		NAME		
STREET ADDRESS	1 PROGRESS PLAZA SUITE 165		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAW, CLAUDIA		NAME		
STREET ADDRESS	P.O. BOX 40888 NA		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 337430888		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEANE, DIANE		NAME		
STREET ADDRESS	6000 BAHAMA SHORES DR S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, CAROLE		NAME		
STREET ADDRESS	1679 BRIGHTWATERS BLVD NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYER, GEORGE		NAME		
STREET ADDRESS	P.O. BOX 3239		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33601		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Edward Ameen <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			EDWARD AMEEN <small>Date</small>		
			1/5/06 727 573 1648 <small>Daytime Phone #</small>		