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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745792** **(2)**

1. Corporation Name

RONALD MCDONALD HOUSE OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
1600 SW 14TH ST. GAINESVILLE FL 32608	1600 SW 14TH ST. GAINESVILLE FL 32608-1548

3. Date Incorporated or Qualified: **02/02/1979**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1887896** ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KIDNEY, GERALD R JR
5731 NW 31 ST
~~BOX J-14, UNIVERSITY OF FLORIDA~~
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	KIDNEY, GERALD R.		1.2 NAME		
STREET ADDRESS	5731 NW 31 TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	32653	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DONNELLY, MICHELLE		2.2 NAME		
STREET ADDRESS	8216 NW 5TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	32607	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GIUNTA, MAURICE		3.2 NAME		
STREET ADDRESS	923 SW 98 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	32607	
TITLE	PD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BROCHU, JOHN		4.2 NAME		
STREET ADDRESS	3720 NW 43 RD ST 100		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	32606	
TITLE	TD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	WALLACE, KATHLEEN A		5.2 NAME		
STREET ADDRESS	1329 NW 16TH ST UF		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	32610	
TITLE	VD	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	HARRIS, LEISHA		6.2 NAME		
STREET ADDRESS	5420 NW 9TH LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	32605	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED LEISHA HARRIS 4/29/97 352-374-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 0011171