

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 745792

1. Entity Name
RONALD MCDONALD HOUSE OF GAINESVILLE, INC.



Principal Place of Business
1600 SW 14TH ST.
GAINESVILLE, FL 32608

Mailing Address
1600 SW 14TH ST.
GAINESVILLE, FL 32608



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1887896

Applied For
(Not Applicable)

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALKER, CAROL
40 TURKEY CREEK
ALACHUA, FL 32615

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE T
NAME KIDNEY, GERALD R
STREET ADDRESS 5731 NW 31 TERR.
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE S
NAME OGLESBY, CAROL
STREET ADDRESS 1503 SE 69TH WAY
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE P
NAME WALKER, CAROL
STREET ADDRESS 40 TURKEY CREEK
CITY-ST-ZIP ALACHUA, FL 32615

TITLE V
NAME WHITNEY, MARYANN
STREET ADDRESS 27211 NW 8 LANE
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN0000414909
02/11/06-80056-023 70.00

**DO NOT WRITE
IN THIS SPACE**

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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/26/06 **352-392-1256**
Date **Daytime Phone #**