

**2008 NOT-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90014 034 ****70.00

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

60023767



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1887896

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

WHITLEY, MARY ANN
27211 NW 8TH LANE
NEWBERRY, FL 32669

7. Name and Address of New Registered Agent

Name **MICHAEL POTAPOW**

Street Address (P.O. Box Number is Not Acceptable)

3936 SW 89TH DRIVE

City **GAINESVILLE**

FL

Zip Code **32608**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BERNS, LAURA
4321 SW 96TH DR
GAINESVILLE, FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NEWSOM, CHARES
104 N. MAIN STREET 5TH FL
GAINESVILLE, FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MICHAEL POTAPOW
3936 SW 89TH DRIVE
GAINESVILLE FL 32608 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

Michael Potapow

2/15/08

352
332 0987