

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745792

FILED
Jul 13, 2009
Secretary of State

Entity Name: RONALD MCDONALD HOUSE CHARITIES OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1600 SW 14TH ST.
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

1600 SW 14TH ST.
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-1887896 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POTAPOW, MICHAEL
3936 SW 89TH DRIVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KIDNEY, GERALD R
Address: 5731 NW 31 TERR.
City-St-Zip: GAINESVILLE, FL 32653

Title: S () Delete
Name: BERNS, LAURA
Address: 4321 SW 96TH DR
City-St-Zip: GAINESVILLE, FL 32608

Title: V () Delete
Name: NEWSOM, CHARES
Address: 104 N. MAIN STREET 5TH FL
City-St-Zip: GAINESVILLE, FL 32601

Title: P (X) Delete
Name: POTAPOW, MICHAEL
Address: 3936 SW 89TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POTAPOW, MICHAEL
Address: 3936 SW 89TH DR
City-St-Zip: GAINESVILLE, FL 32608

Title: TREA (X) Change () Addition
Name: LOVANO, KRISTEN
Address: 5220 SW 81ST DR
City-St-Zip: GAINESVILLE, FL 32608

Title: EDIR (X) Change () Addition
Name: MAYDEN, KIMBERLY
Address: 12907 SW 2ND AVE
City-St-Zip: NEWBERRY, FL 32669

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY MAYDEN

EDIR

07/13/2009

Electronic Signature of Signing Officer or Director

Date