

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761024** (9)
1. Corporation Name
RONALD MCDONALD HOUSE CHARITIES OF PENSACOLA, IN C.



Principal Place of Business 5154 BAYOU BLVD. PENSACOLA FL 32503-2102		Mailing Address 5154 BAYOU BLVD. PENSACOLA FL 32503-2102		3. Date Incorporated or Qualified 12/10/1981	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2172279 Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent DEDE STRADER 5154 BAYOU BLVD PENSACOLA FL 32514		10. Name and Address of New Registered Agent 81 Name DeDe FLOUNLACKER 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARSON, ED ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	2616 N 12TH AVENUE	1.2 NAME	
STREET ADDRESS	PENSACOLA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD CARSON, ED ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	2616 N 12TH AVE	2.2 NAME	Deborah Benn
STREET ADDRESS	PENSACOLA FL	2.3 STREET ADDRESS	4751 N. 9th. Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	SD WESTERLUND, PAM ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3029 MARQUETTE AVENUE	3.2 NAME	
STREET ADDRESS	PENSACOLA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD REID, CLIFF ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	6311 KEATING RD	4.2 NAME	
STREET ADDRESS	PENSACOLA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD DUKES, TRICE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	3375 ROMMITCH	5.2 NAME	
STREET ADDRESS	PENSACOLA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ed Carson

3/18/98

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CR2E037 (10/97)