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Secretary of State
08-07-2006 90040 032 ****61.25

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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 761024

1. Entity Name
RONALD MCDONALD HOUSE CHARITIES OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
5154 BAYOU BLVD. PENSACOLA, FL 32503-2102	5154 BAYOU BLVD. PENSACOLA, FL 32503-2102

07062006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2172279 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARAGE, ANDREA 5154 BAYOU BLVD PENSACOLA, FL 32514	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Andrea Farage, Andrea Farage, July 7, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

Filing Fee is $61.25
Due by September 6, 2006

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	D MASSEY, BILL 2703 EDMUND DR GULF BREEZE, FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBEE, ANNA 400 GULF BREEZE PKWY STE 200 GULF BREEZE, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition D BARBEE, ANNA 1085 WINDCHIME WAY PENSACOLA, FL 32503
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAW, BRETT 713 POINCIANA DR GULF BREEZE, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOPER, GEORGE 7 E DESOTO ST PENSACOLA, FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OWENS, DERRIK 180 GOVERNMENT CENTER PENSACOLA, FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEST, RICK 1171 GULF BREEZE PKWY GULF BREEZE, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PD West, Rick 6320 Pensacola Blvd Pensacola, FL 32505

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: Andrea Farage Andrea Farage 07-07-06 850-477-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #