

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90067 037 ****70.00

DOCUMENT # 761024 1. Entity Name RONALD MCDONALD HOUSE CHARITIES OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 5154 BAYOU BLVD. PENSACOLA, FL 32503-2102			Mailing Address 5154 BAYOU BLVD. PENSACOLA, FL 32503-2102		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2172279	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FARAGE, ANDREA 5154 BAYOU BLVD PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u>Andrea Farage</u> DATE <u>1/7/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)	
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	D MASSEY, BILL 2703 EDMUND DR GULF BREEZE, FL 32563	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBEE, ANNA 1085 WINDCHIME WAY PENSACOLA, FL 32503	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, BRETT PO BOX 512 DEFUNIAK SPRINGS, FL 32435	☐ Delete			
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	PD OWENS, DERRIK 180 GOVERNMENT CENTER PENSACOLA, FL 32501	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, RICK 6320 PENSACOLA BLVD PENSACOLA, FL 32505	☐ Delete			
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: <u>Will D</u> DATE <u>1/15/08</u> Signature and typed or printed name of signing officer or director			

ATTACHMENT

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Board of Directors-2008

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