2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761024

FILED Jun 24, 2009 Secretary of State

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

	rincipal Place of Business:	New Principal Place of Business:
	DU BLVD. DLA, FL 325032102	
urrent M	ailing Address:	New Mailing Address:
	_	3 7
	DU BLVD. DLA, FL 325032102	
	: 59-2172279 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation d	FEI Number Not Applicable () Certificate of Status Desired (X) id not receive the prior notice.
ame and	Address of Current Registered Agent	: Name and Address of New Registered Agent:
154 BAÝ	ANDREA DU BLVD DLA, FL 32503 US	
	named entity submits this statement for te of Florida.	he purpose of changing its registered office or registered agent, or bo
IGNATU	RE:	
	Electronic Signature of Registered	Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
tle: ame: ddress: ity-St-Zip:	T () Delete MASSEY, BILL 2703 EDMUND DR GULF BREEZE, FL 32563	Title: () Change () Addition Name: Address: City-St-Zip:
tle: ame:	D () Delete BARBEE, ANNA 1085 WINDCHIME WAY	Title: () Change () Addition Name: Address:
ddress: ity-St-Zip:	PENSACOLA, FL 32503	City-St-Zip:
ty-St-Zip: tle: ame: ddress:		City-St-Zip: Title: PD (X) Change () Addition Name: DOIDGE, KENDRICK Address: 8383 NORTH DAVIS HWY City-St-Zip: PENSACOLA, FL 32514
	PENSACOLA, FL 32503 D () Delete SHAW, BRETT PO BOX 512	Title: PD (X) Change () Addition Name: DOIDGE, KENDRICK Address: 8383 NORTH DAVIS HWY
ey-St-Zip: le: ume: dress: ey-St-Zip: le: ume: dress:	PENSACOLA, FL 32503 D () Delete SHAW, BRETT PO BOX 512 DEFUNIAK SPRINGS, FL 32435 VP () Delete KOPER, GEORGE 7 E DESOTO ST	Title: PD (X) Change () Addition Name: DOIDGE, KENDRICK Address: 8383 NORTH DAVIS HWY City-St-Zip: PENSACOLA, FL 32514 Title: () Change () Addition Name: Address:

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: ANDREA FARAGE ED 06/24/2009