

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761024

FILED
Jan 04, 2010
Secretary of State

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

Current Principal Place of Business:

5154 BAYOU BLVD.
PENSACOLA, FL 325032102

New Principal Place of Business:

Current Mailing Address:

5154 BAYOU BLVD.
PENSACOLA, FL 325032102

New Mailing Address:

FEI Number: 59-2172279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FARAGE, ANDREA
5154 BAYOU BLVD
PENSACOLA, FL 32503 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
Name: HILL, ALLISON
Address: 6618 ALLISON WAY
City-St-Zip: PACE, FL 32571

Title: S
Name: EWING, HELLA
Address: 4145 MONTEIGNE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: PD
Name: DOIDGE, KENDRICK
Address: 1861 FOULIS DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: VP
Name: KOPER, GEORGE
Address: 1704 EAST MALLORY STREET
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: OWENS, DERRIK
Address: 7382 OWENSVILLE RD
City-St-Zip: MILTON, FL 32583

Title: VP
Name: ALOY, KAREN
Address: 6284 CALLE DE HIDALGO
City-St-Zip: NAVARRE, FL 32566

I hereby 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 all other like empowered.

SIGNATURE: ANDREA FARAGE

ED

01/04/2010

Electronic Signature of Signing Officer or Director

Date