

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008233

FILED
Apr 19, 2007
Secretary of State

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

Current Principal Place of Business:

16100 ROSERUSH CT
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16100 ROSERUSH CT
FT MYERS, FL 33908

New Mailing Address:

FEI Number: 11-3704163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, GAREY F
2201 SECOND ST., 5TH FLOOR
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

MILLER, HELMS & FOLK, P.A.
6326 WHISKEY CREEK DRIVE
FORT MYERS, FL 33919 US

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: RICHARD HELMS

04/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MEISENHEIMER, BOB
Address: 14890 SHRIKE WAY
City-St-Zip: FORT MYERS, FL 33908

Title: DVP () Delete
Name: LECLAIR, NEIL
Address: 12746 UNIVERSITY DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: DVP () Delete
Name: AKIN, RICHARD B
Address: 1220 WESTFIELD DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: DT () Delete
Name: SCHIERING, G. DAVID
Address: 4809 GRIFFIN BOULEVARD
City-St-Zip: FORT MYERS, FL 33908

Title: DS () Delete
Name: RAGAIN, LAURA
Address: 8300 COLLEGE PARKWAY, SUITE 200
City-St-Zip: FORT MYERS, FL 33919

Title: DPAR () Delete
Name: BENFORADO, LARRY
Address: 2149 ANDREA LANE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: MEISENHEIMER, BOB
Address: 14890 SHRIKE WAY
City-St-Zip: FORT MYERS, FL 33908

Title: DP (X) Change () Addition
Name: LECLAIR, NEIL
Address: 12746 UNIVERSITY DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NEIL LECLAIR

DP

04/19/2007

Electronic Signature of Signing Officer or Director

Date