## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008233

FILED Mar 19, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 16100 ROSERUSH CT FT MYERS, FL 33908 **Current Mailing Address: New Mailing Address:** 16100 ROSERUSH CT FT MYERS, FL 33908 FEI Number: 11-3704163 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, HELMS & FOLK, P.A. 6326 WHISKEY CREEK DRIVE FORT MYERS, FL 33919 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SCHIERING, DAVID BUTLER, GAREY Name: Name: 4809 GRIFFIN BOULEVARD Address: 1440 EL PRADO AVENUE Address: FORT MYERS, FL 33908 City-St-Zip: City-St-Zip: FORT MYERS, FL 33901 Title: ( ) Delete Title: (X) Change ( ) Addition AKIN, RICHARD B Name: CAREY, RANDALL B Name: Address: 1220 WESTFIELD DRIVE Address: 14740 EDEN STREET City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: (X) Change ( ) Addition RAGAIN, LAURA JEFF, MILOFF Name: Name: 8300 COLLEGE PARKWAY, SUITE 200 Address: Address: 101SW 54TH STREET City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: CAPE CORAL, FL 33914 Title: () Delete Title: ( ) Change (X) Addition G. DAVID, SHIERING Name: Name: 4809 GRIFFIN BOULEVARD Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: ( ) Change (X) Addition LAURA, RAGAIN Name: Name: 1817 LAGOON LANE Address: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33914 Title: () Delete Title: ( ) Change (X) Addition DEBRA, NEWMAN Name: Name: Address: Address: 7110 PHILIPS CREEK COURT FORT MYERS, FL 33908 City-St-Zip: City-St-Zip:

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: DEBRA NEWMAN ED 03/19/2009