

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19518** (2)

1. Corporation Name

RONALD MCDONALD HOUSE CHARITIES OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

**712 E SEVENTH AVENUE
TALLAHASSEE FL 32303**

**712 E SEVENTH AVENUE
TALLAHASSEE FL 32303**

FILED

93 JUN -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HUMPHRESS, JOHN K.
1040 E. PARK AVE
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

03/04/1987

4. FEI Number

59-2794505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **PD**
NAME **BRAFFORD, RON**
STREET ADDRESS **971 PAW PAW COURT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD**
NAME **CANUP, ED**
STREET ADDRESS **3016 GREYABBEY**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD**
NAME **TRAMMELL, LINDA**
STREET ADDRESS **6357 GLASGOW DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD**
NAME **KRAUSE, TROY**
STREET ADDRESS **6278 HINES HILL CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **ED**
NAME **ANDERSON, KATHRYN**
STREET ADDRESS **2809 BUNDORAN WAY**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PD **800002554628-6**
-06/10/93 - 01051--001
*******61.25 *****61.25**

☐ Change ☐ Addition

VD ☒ Change ☐ Addition

TD ☐ Change ☒ Addition
NAN STOWELL
2213 Armistead Road
Tallahassee, FL 32312

☐ Change ☐ Addition

SD ☐ Change ☒ Addition
Pam Gibson
3205 Remington Run
Tallahassee, FL 32312

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Handwritten Signature]

6/1/98

681-5826

CR2E037 (10/97)