

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N19518**

1. Corporation Name

RONALD MCDONALD HOUSE CHARITIES OF TALLAHASSEE, INC.

Principal Place of Business

712 E SEVENTH AVENUE
TALLAHASSEE FL 32303

Mailing Address

712 E SEVENTH AVENUE
TALLAHASSEE FL 32303**FILED**
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90135 041 ****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/04/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2794505	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BRAFFORD, RON	1.2 NAME	Trammell, Linda
STREET ADDRESS	971 PAW PAW COURT	1.3 STREET ADDRESS	6357 Glasgow Drive
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	SD	2.1 TITLE	
NAME	GIBSON, PAM	2.2 NAME	
STREET ADDRESS	3205 REMINGTON RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	TRAMMELL, LINDA	3.2 NAME	STOWELL, NAN
STREET ADDRESS	6357 GLASGOW DRIVE	3.3 STREET ADDRESS	2213 ARMISTEAD ROAD
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	TD	4.1 TITLE	TD
NAME	STOWELL, NAN	4.2 NAME	Melanie Montgomery
STREET ADDRESS	2213 ARMISTEAD ROAD	4.3 STREET ADDRESS	4005 Highgrove Road
CITY-ST-ZIP	TALLAHASSEE FL 32312	4.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	ED	5.1 TITLE	
NAME	ANDERSON, KATHRYN	5.2 NAME	
STREET ADDRESS	2809 BUNDORAN WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	32308
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99 (850) 222-0056

Date

Daytime Phone #

CR2E037 (11/98)