

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90064 020 ****61.25

DOCUMENT # N19518

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2794505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ETATH, GREG	
STREET ADDRESS	P.O. BOX 4285	
CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIELDS, PAMELA	
STREET ADDRESS	P.O. BOX 218	
CITY-ST-ZIP	ST. MARKS FL 32355	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NAN, STOWELL	
STREET ADDRESS	2213 ARMISTEAD RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, MELANIE	
STREET ADDRESS	4775 HIGH GROVE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	ED	<input type="checkbox"/> Delete
NAME	PRESIDENT	
STREET ADDRESS	ANDERSON, KATHRYN	
CITY-ST-ZIP	2809 BUNDORAN WAY	
	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	greg erath	
STREET ADDRESS	3248 Addison Lane	
CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman - Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY STOUT	
STREET ADDRESS	5121 Blountstown Highway	
CITY-ST-ZIP	Tallahassee, FL 32307	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chuck Peterson	
STREET ADDRESS	2755-A Powermill Court	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathryn Anderson President

4-18-02

(850) 222-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)