


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90030 024 ****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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLANTON, EDWIN F 825 THOMASVILLE RD. TALLAHASSEE, FL 32303				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAINTICH, STEVE		NAME	Gene Adams	
STREET ADDRESS	1256 CONSERVANCY DR. E		STREET ADDRESS	460 meadow ridge DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIELDS, PAMELA		NAME	Kathleen Brothers	
STREET ADDRESS	P.O. BOX 218		STREET ADDRESS	2460-A mitcham Dr.	
CITY-ST-ZIP	ST.MARKS, FL 32355		CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, GARY		NAME		
STREET ADDRESS	5121 BLOUNTSTOWN HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	CED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, RON		NAME	7113 Anglewood Lane	
STREET ADDRESS	2430 ROSEMARY TERRACE		STREET ADDRESS	32309	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, KATHRYN		NAME		
STREET ADDRESS	2809 BUNDORAN WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	CEB	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DOUG		NAME	Bell Doug	
STREET ADDRESS	9705 CASSANDRA DR.		STREET ADDRESS	216 Hawk meadow Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	32312	
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: <i>Kathryn Anderson</i> Kathryn Anderson 1-24-05 222-0056					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					