

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19518

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** RONALD MCDONALD HOUSE CHARITIES OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

712 E SEVENTH AVENUE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

712 E SEVENTH AVENUE  
TALLAHASSEE, FL 32303 UN

**Current Mailing Address:**

712 E SEVENTH AVENUE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

712 E SEVENTH AVENUE  
TALLAHASSEE, FL 32303 UN

**FEI Number:** 59-2794505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLANTON, EDWIN F  
610 SUMMERBROOKE DRIVE  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

ANDERSON, KATHRYN W  
2809 BUNDORAN WAY  
TALLAHASSEE, FL 32309 US

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: KATHRYN W. ANDERSON

02/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: LAFACE, RON  
Address: 1110 LOTHIAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S  
Name: ROBINSON, MICHAEL F  
Address: 8186 GLENMORE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: CD  
Name: SMITH, KAREN  
Address: 4104 RALEIGH WAY  
City-St-Zip: TALLAHASSEE, FL 32311

Title: PD  
Name: ANDERSON, KATHRYN  
Address: 2809 BUNDORAN WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: BROTHERS, KATHLEEN  
Address: 3261 BELLE MEADE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: MELODE, SMELKO  
Address: 4252 WILLIAM JAMES WAY  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN W. ANDERSON

PRES

02/13/2012

Electronic Signature of Signing Officer or Director

Date