

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

2/1

02-12-2003 90078 040 \*\*\*\*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 **59-2794505**

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 **EDWIN F. BLANTON**  
Street Address (P.O. Box Number is Not Acceptable)  
**825 THOMASVILLE RD.**  
City **TALLAHASSEE** FL Zip Code **32303**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ERATTY, GREG</b>	
STREET ADDRESS	<b>3248 ADDISON LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32317</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SHIELDS, PAMELA</b>	
STREET ADDRESS	<b>P.O. BOX 218</b>	
CITY-ST-ZIP	<b>ST. MARKS FL 32355</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>STOUT, GARY</b>	
STREET ADDRESS	<b>5121 BLOUNTSTOWN HIGHWAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32304</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PETERSON, CHUCK</b>	
STREET ADDRESS	<b>2755 A POWERMILL COURT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, KATHRYN</b>	
STREET ADDRESS	<b>2809 BUNDORAN WAY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEVE FAINTICH</b>	
STREET ADDRESS	<b>397 Meadow Ridge</b>	
CITY-ST-ZIP	<b>Tallahassee FL 32312</b>	
TITLE	<b>Chair-Elect</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RON MASON</b>	
STREET ADDRESS	<b>2430 Rosemary Terrace</b>	
CITY-ST-ZIP	<b>Tallahassee FL 32303</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>32309</b>	
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)