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May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49120 (1)

1. Corporation Name

RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST FLO
RIDA AND SOUTHEAST GEORGIA, INC.

Principal Place of Business

Mailing Address

1440 JEFFERSON ST., NORTH
JACKSONVILLE FL 322091440 JEFFERSON ST., NORTH
JACKSONVILLE FL 32209-65243. Date Incorporated or Qualified
05/28/19923a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHORSTEIN, MARK
8265 BAYBERRY ROAD
JACKSONVILLE FL 32256

81 Name Michael P. Collins

82 Street Address (P.O. Box Number is Not Acceptable)
4655 SALISBURY ROAD SUITE 300

83 GRENADIER, COLLINS AND MENCKE

84 City JACKSONVILLE

FL

85 Zip Code 32256

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

MICHAEL P. COLLINS C.P.A.

Michael P. Collins C.P.A. 4/10/97

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

1.1 TITLE D
NAME BEATTY, JACK
STREET ADDRESS 4830 W KENNEDY BLVD #395
CITY - ST - ZIP TAMPA FL1.1 TITLE D
NAME JOHN BROCHU
STREET ADDRESS 3720 NORTHWEST 43rd STREET SUITE 100
CITY - ST - ZIP GAINESVILLE, FL 326061.2 TITLE D
NAME STEWART, TOM
STREET ADDRESS 200 W FORSYTH ST
CITY - ST - ZIP JACKSONVILLE FL2.1 TITLE D
NAME BILL STREICHER
STREET ADDRESS ROUTE 13 BOX 184
CITY - ST - ZIP LAKE CITY, FL 320551.3 TITLE DS
NAME SHORSTEIN, JACK
STREET ADDRESS 8265 BAYBERRY RD
CITY - ST - ZIP JACKSONVILLE FL3.1 TITLE D
NAME CAPT. MILTON J. BENSON
STREET ADDRESS NAVAL HOSPITAL JACKSONVILLE BLD. H2080
CITY - ST - ZIP NAS JACKSONVILLE, FL 322141.4 TITLE D
NAME EDDY, RAY
STREET ADDRESS 780 W. GRANADA BLVD.
CITY - ST - ZIP ORMOND BEACH FL4.1 TITLE T
NAME JANE R. LANIER
STREET ADDRESS 1440 JEFFERSON STREET NORTH
CITY - ST - ZIP JACKSONVILLE, FL 322091.5 TITLE DP
NAME SKJORDAHL, SCOTT
STREET ADDRESS 7820 TPC BLVD
CITY - ST - ZIP PONTE VEDRA BEACH FL5.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP1.6 TITLE D
NAME SIDMAN, MARGARET
STREET ADDRESS 1800 SW 14TH STREET
CITY - ST - ZIP GAINESVILLE FL6.1 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Jane R. Lanier

04/04/97 904-798-2950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0006187

CR2E037 (9/96)