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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49120

1. Corporation Name

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

Principal Place of Business

1440 JEFFERSON ST., NORTH
JACKSONVILLE FL 32209

Mailing Address

1440 JEFFERSON ST., NORTH
JACKSONVILLE FL 32209



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/28/1992

4. FEI Number

59-3139548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

COLLINS, MICHAEL P.
4655 SAILBURY RD
STE 300
JACKSONVILLE FL 32256

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROCHU, JOHN
3720 NW 43RD ST STE 100
GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STREICHER, BILL
RT 13 BOX 184
LAKE CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENSON, MILTON J CAPT
NAVAL HOSPITAL JACKSONVILLE BLVD H2080
JAX FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANIER, JANE R
1440 JEFFERSON ST NO
JAX FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROCHU, JOHN
3720 NW 43RD ST STE 100
GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROCHU, JOHN
3720 NW 43RD ST STE 100
GAINESVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

Date

Daytime Phone #

1-6-99 (904) 798-2950

CR2E037 (1/198)