

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49120

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

1551 ATLANTIC BLVD
SUITE 300
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

140 W. MONROE STREET
SUITE 200
JACKSONVILLE, FL 32202 US

Current Mailing Address:

1551 ATLANTIC BLVD
SUITE 300
JACKSONVILLE, FL 32207 US

New Mailing Address:

140 W. MONROE STREET
SUITE 200
JACKSONVILLE, FL 32202 US

FEI Number: 59-3139548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSSERAND, DAVE
1551 ATLANTIC BLVD
SUITE 300
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

JOSSERAND, DAVE
140 W. MONROE STREET
SUITE 200
JACKSONVILLE, FL 32202 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:

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSSERAND, DAVE
Address: 1551 ATLANTIC BLVD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: BURNS, SHERRY
Address: 611 EAST ADAMS ST
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: T () Delete
Name: KIDNEY, GERALD R
Address: 1600 SW ARCHER RD (PO BOX 100014)
City-St-Zip: GAINESVILLE, FL 32610 US

Title: D () Delete
Name: HARDAKER, JOY
Address: 824 CHILDREN'S WAY
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: AMEEN, DAVID
Address: 3792 WATERSIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32065 US

Title: D () Delete
Name: PITEL, M.D., PAUL
Address: 897 CHILDRENS WAY
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOSSERAND, DAVE
Address: 140 W. MONROE STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVE JOSSERAND

MR.

04/30/2008

Electronic Signature of Signing Officer or Director

Date