

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004043 (6)**

1. Corporation Name

**RONALD MCDONALD CHILDREN'S CHARITIES OF THE DEEP  
-SOUTH CO-OP, INC.**

Principal Place of Business

Mailing Address

**3017 GOLDEN EAGLE DRIVE  
TALLAHASSEE FL 32312**

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TALLAHASSEE FL 32312**



3. Date Incorporated or Qualified

**09/08/1993**

3a. Date of Last Report

**04/12/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3199755**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RALPH FABOZZI, JR  
3017 GOLDEN EAGLE DR.  
TALLAHASSEE FL 32312**

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

TITLE **D** ☒ DELETE  
NAME **WHITE, KEN**  
STREET ADDRESS **2727 PACES FERRY RD NW SUITE 1800**  
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **D** ☒ DELETE  
NAME **BREWER, BILL**  
STREET ADDRESS **211 NEW ERA ROAD**  
CITY-ST-ZIP **AMERICUS GA 31709**

TITLE **D** ☐ DELETE  
NAME **MOTLEY, DAVE**  
STREET ADDRESS **319 ROSEDALE PLACE**  
CITY-ST-ZIP **VALDOSTA GA 31604**

TITLE **D** ☐ DELETE  
NAME **FABOZZI, RALPH**  
STREET ADDRESS **3017 GOLDEN EAGLE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ DELETE  
NAME **JOHNSTONE, TIM**  
STREET ADDRESS **P O BOX 610 N/A**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☒ DELETE  
NAME **THOMAS, JOHN**  
STREET ADDRESS **2727 PACES FERRY ROAD NW**  
CITY-ST-ZIP **ATLANTA GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **HANK RYE** ☐ Change ☒ Addition  
1.2 NAME **1102 HAYS ST.**  
1.3 STREET ADDRESS **TALLAHASSEE, FL 32301**  
1.4 CITY-ST-ZIP

2.1 TITLE **CECIL SANDIFER** ☐ Change ☒ Addition  
2.2 NAME **P.O. BOX 1105**  
2.3 STREET ADDRESS **MARIANNA, FL 32446**  
2.4 CITY-ST-ZIP

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Ralph Fabozzi, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-96 (904) 893-3317**  
Date Daytime Phone #

CR2E037 (12/95)