

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: **3017 GOLDEN EAGLE DRIVE
TALLAHASSEE FL 32312**
Mailing Address: **3017 GOLDEN EAGLE DRIVE
TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified: **09/08/1993**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-3199755**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: WHITE, KEN	
STREET ADDRESS: 2727 PACES FERRY RD NW SUITE 1800	
CITY-ST-ZIP: ATLANTA GA 30339	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: BREWER, BILL	
STREET ADDRESS: 211 NEW ERA ROAD	
CITY-ST-ZIP: AMERICUS GA 31709	
TITLE: D	<input type="checkbox"/> DELETE
NAME: MOTLEY, DAVE	
STREET ADDRESS: 319 ROSEDALE PLACE	
CITY-ST-ZIP: VALDOSTA GA 31604	
TITLE: D	<input type="checkbox"/> DELETE
NAME: FABOZZI, RALPH	
STREET ADDRESS: 3017 GOLDEN EAGLE DRIVE	
CITY-ST-ZIP: TALLAHASSEE FL 32312	
TITLE: D	<input type="checkbox"/> DELETE
NAME: JOHNSTONE, TIM	
STREET ADDRESS: P O BOX 610 N/A	
CITY-ST-ZIP: PANAMA CITY FL	
TITLE: D	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

HANK RYE Change Addition
1102 HAYS ST.
TALLAHASSEE, FL 32301

CECIL SANDIFER Change Addition
P.O. BOX 1105
MARIANNA, FL 32446

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

4296 (904) 893-3317
Date Daytime Phone #

CR2E037 (12/95)