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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N93000004334 (9)**

1. Corporation Name

RONALD MCDONALD HOUSE CHARITIES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
~~89 WEST PINE STREET~~ ~~ORLANDO FL 32801~~	~~39 WEST PINE STREET~~ ~~ORLANDO FL 32801-2690~~

2. Principal Place of Business
21 2201 Alden Rd
Suite, Apt. #, etc. 22
City & State 23 Orlando, Fl.
Zip 24 32803 Country 25 USA

2a. Mailing Address
26 P.O. Box 477
Suite, Apt. #, etc. 27
City & State 28 Winter Park, Fl.
Zip 29 32790 Country 30 USA

3. Date Incorporated or Qualified: 09/21/1993
3a. Date of Last Report: 02/21/1996
4. FEI Number: 59-3211250 ☐ 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

~~RICHARD~~
LEIGH, ~~ROBERT~~ A.
39 WEST PINE STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Richard A. Leigh
82 Street Address (P.O. Box Number is Not Acceptable): 39 W. Pine St
83
84 City: Orlando FL 85 Zip Code: 32801

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: Richard A. Leigh 4-9-97
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		
TITLE	TD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	RODDY, PAUL		1.2 NAME	Richard A. Leigh	
STREET ADDRESS	390 NORTH ORANGE AVENUE STE 1700		1.3 STREET ADDRESS	39 W. Pine St.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, Fl 32801	
TITLE	D	~~DELETE~~	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	WILSON, TED		2.2 NAME	Petrakis, John	
STREET ADDRESS	~~P.O. BOX 2389~~		2.3 STREET ADDRESS	12305 University Blvd	
CITY-ST-ZIP	~~APOPKA FL~~		2.4 CITY-ST-ZIP	Orlando, Fl. 32817	
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEVOOGD, LOU ANN		3.2 NAME		
STREET ADDRESS	225 E. ROBINSON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	~~D~~	DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, CYNTHIA ALLEN		4.2 NAME	Smith, Cynthia Allen	
STREET ADDRESS	8533 WILLOW WISH COURT		4.3 STREET ADDRESS	~~8533 Willow Wish Court~~ 5120 Conroy Rd # 530	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, Fl Orlando FL 32811	
TITLE	~~X~~SD	☐ DELETE	5.1 TITLE	S.D	☒ Change ☐ Addition
NAME	MARCONI, ANNE		5.2 NAME	Marconi, Anne	
STREET ADDRESS	P.O. BOX 16500		5.3 STREET ADDRESS	P.O. Box 16500	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP	Altamonte Springs, Fl. 32716-5000	
TITLE	~~X~~PD	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	CHANDLER, J. THOMAS		6.2 NAME	Chandler, J. Thomas	
STREET ADDRESS	200 E. ROBINSON STREET		6.3 STREET ADDRESS	200 E. Robinson St.	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	Orlando Fl 32801	

CR2E037 (9/96)

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: ~~Cynthia Allen~~ REQUIRED F. MARCONI 4-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016068