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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
2201 ALDEN RD ORLANDO FL 32803 US	2201 ALDEN RD ORLANDO FL 32803 US

3. Date Incorporated or Qualified: 09/21/1993

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEIGH, RICHARD A
39 W PINE ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Leigh, Richard A.
82 Street Address (P.O. Box Number is Not Acceptable): 1801 Lee Road, Suite 360
83
84 City: Winter Park FL 85 Zip Code: 32789

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] 2-13-98
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		☐ Change ☐ Addition
NAME	RODDY, PAUL		1.2 NAME		
STREET ADDRESS	390 NORTH ORANGE AVENUE STE 1700		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	LEIGH, RICHARD A		2.2 NAME	Leigh, Richard A	
STREET ADDRESS	39 W PINE ST		2.3 STREET ADDRESS	1801 Lee Road, Suite 360	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	DEVOOGD, LOU ANN		3.2 NAME	DeVoogd, Lou Ann	
STREET ADDRESS	225 E. ROBINSON AVENUE		3.3 STREET ADDRESS	101 Southhall Ln Ste 400	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, CYNTHIA ALLEN		4.2 NAME		
STREET ADDRESS	5120 CONROY RD #537		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	House Manager	☐ Change ☒ Addition
NAME	MARCONI, ANNE		5.2 NAME	Phillip W. Monahan	
STREET ADDRESS	P.O. BOX 16500		5.3 STREET ADDRESS	2201 Alden Road	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHANDLER, J. THOMAS		6.2 NAME		
STREET ADDRESS	200 E. ROBINSON STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] Phillip W. Monahan 2-19-98 (407) 898-6122