2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90023 024 ****61.25

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1. Entity 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

01272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3211250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEIGH, RICHARD A 1031 W. MORSE BOULEVARD SUITE 350 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CERTO, MATT W 1350 ORANGE AVE., SUITE 101 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE VOOGD, LOUANN 2201 ALDEN READ ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2201 ALDEN ROAD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD POWERS, DAVID 1411 EDGEWATER DR STE 200 ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARCONI, ANNE 555 LAKE BORDER DRIVE APOPKA, FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WARLOW, CARLA 306 E. HARWOOD STREET ORLANDO FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHANDLER, J. THOMAS 200 E. ROBINSON STREET ORLANDO, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUTLER, BRIAN 800 W. GORE STREET ORLANDO FL 32806	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/28/04 407-206-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #