2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# N93000004334

Entity Name: RONALD MCDONALD HOUSE CHARITIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2201 ALDEN RD
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

2201 ALDEN RD
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3211250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIGH, RICHARD A
1031 W. MORSE BOULEVARD
SUITE 350
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CERTO, MATT W	
Address:	1350 ORANGE AVE., SUITE 101	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	DE VOOGD, LOUANN	
Address:	2201 ALDEN ROAD	
City-St-Zip:	ORLANDO, FL 32803	
Title:	TD	( ) Delete
Name:	LEIGH, RICHARD A	
Address:	1031 W. MORSE BOULEVARD #350	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	SD	( ) Delete
Name:	WARLOW, CARLA	
Address:	303 COLUMBO CIRCLE	
City-St-Zip:	ORLANDO, FL 32804	
Title:	PD	( ) Delete
Name:	BUTLER, BRIAN	
Address:	800 W. GORE STREET	
City-St-Zip:	ORLANDO, FL 32806	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	BUTLER, BRIAN M	
Address:	800 W. GORE STREET	
City-St-Zip:	ORLANDO, FL 32805	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	CHONODY, KATHY A	
Address:	3087 N. ALAFAYA TRAIL	
City-St-Zip:	ORLANDO, FL 32826	
Title:	SD	(X) Change ( ) Addition
Name:	HAWKINS, CHARLES II	
Address:	2215 WEST GORE STREET	
City-St-Zip:	ORLANDO, FL 32805	
Title:	PD	(X) Change ( ) Addition
Name:	WARLOW, CARLA	
Address:	313 COLUMBO CIRCLE	
City-St-Zip:	ORLANDO, FL 32804	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOU ANN DEVOOGD D 01/08/2007

Electronic Signature of Signing Officer or Director — Date