

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004334

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1030 N. ORANGE AVENUE  
SUITE 105  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

1030 N. ORANGE AVENUE  
SUITE 105  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:** 59-3211250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCKENNA, KENNETH J  
719 VASSAR STREET  
ORLANDO, FL 32804 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  
Name: BULLOCK, CLINT  
Address: 6003 PERSHING AVENUE  
City-St-Zip: ORLANDO, FL 32822

Title: D  
Name: DE VOOGD, LOUANN  
Address: 1030 N. ORANGE AVENUE #105  
City-St-Zip: ORLANDO, FL 32801

Title: TD  
Name: IANDOLI, PAUL  
Address: 11 S. BUMBY AVENUE #200  
City-St-Zip: ORLANDO, FL 32803

Title: SD  
Name: D'ORSO, CHRIS  
Address: 8701 MAITLAND SUMMIT BOULEVARD  
City-St-Zip: ORLANDO, FL 32810

Title: PD  
Name: MCKENNA, KENNETH J  
Address: 719 VASSAR STREET  
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: LOU ANN DEVOOGD

CEO

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date