

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19518

Entity Name: RONALD MCDONALD HOUSE CHARITIES OF TALLAHASSEE, INC.**FILED**
Mar 19, 2013
Secretary of State
CC0045903781**Current Principal Place of Business:**712 E SEVENTH AVENUE
TALLAHASSEE, FL 32303**Current Mailing Address:**712 E SEVENTH AVENUE
TALLAHASSEE, FL 32303 UN**FEI Number: 59-2794505****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ANDERSON, KATHRYN W
2809 BUNDORAN WAY
TALLAHASSEE, FL 32309 US*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**Officer/Director Detail :**

Title	T
Name	LAFACE, RON
Address	1110 LOTHIAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

Title	S
Name	BALDOCK, RHONDA
Address	164 ROSEHILL DRIVE WEST
City-State-Zip:	TALLAHASSEE FL 32312

Title	D
Name	SMITH, KAREN
Address	4104 RALEIGH WAY
City-State-Zip:	TALLAHASSEE FL 32311

Title	PD
Name	ANDERSON, KATHRYN
Address	2809 BUNDORAN WAY
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	STOUT, JOAN
Address	353 MEADOW RIDGE DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

Title	CHAIRMAN, DIRECTOR
Name	MELODE, SMELKO
Address	4252 WILLIAM JAMES WAY
City-State-Zip:	TALLAHASSEE FL 32303

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: KATHRYN W. ANDERSON**PRESIDENT****03/19/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date