

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19518

Entity Name: RONALD MCDONALD HOUSE CHARITIES OF TALLAHASSEE, INC.**FILED**
Feb 09, 2016
Secretary of State
CC0934510365**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	PD
Name	ANDERSON, KATHRYN
Address	2809 BUNDORAN WAY
City-State-Zip:	TALLAHASSEE FL 32309
Title	PAST CHAIRMAN, DIRECTOR
Name	WEBB, SUTTON
Address	2100 WEST RANDOLPH CIRCLE
City-State-Zip:	TALLAHASSEE FL 32308
Title	DIRECTOR, SECRETARY
Name	ANDERSON, ELLEN
Address	KILLEARNEY WAY
City-State-Zip:	TALLAHASSEE FL 32309
Title	DIRECTOR
Name	BROOKS, WYATT
Address	3989 FOUR OAKS BOULEVARD
City-State-Zip:	TALLAHASSEE FL 32311

Title	DIRECTOR, CHAIRMAN
Name	OWENS, DIANE
Address	6030 MICHAELA WAY
City-State-Zip:	TALLAHASSEE FL 32303
Title	TREASURER, DIRECTOR
Name	SHULER, DOUGLAS
Address	2010 HEATHER BROOK DRIVE
City-State-Zip:	TALLAHASSEE FL 32312
Title	DIRECTOR
Name	BOONE, GAVIN
Address	40199 ARKLOW DRIVE
City-State-Zip:	TALLAHASSEE FL 32309
Title	DIRECTOR
Name	BREWER, KELLEY
Address	4268 WILLIAM JAMES WAY
City-State-Zip:	TALLAHASSEE FL 32303

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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****02/09/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BURHANS, GLEN
Address 106 E. COLLEGE AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name GUSTASON, ALLEN
Address 1500 APALACHEE PARKWAY
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name LEGGETT, ASHLEY
Address 304 EAST TENNESSEE ST.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name MCNEILL, JOHN
Address 1018 THOMASVILLE RD.
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name SECREAST, CLARICE
Address 3815 WEST MILLERRRS BRIDGE ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name WATSON, SCREVEN
Address 3478 GARDENVIEW WAY
City-State-Zip: TALLAAHASSEE FL 32309

Title DIRECTOR
Name REESE, CHARLENE BEVIS
Address 5301 GENTLE BREEZE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name CROWELL, KIMBERLY
Address 1018 THOMASVILLE RD
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name HARVARD, JOHN
Address 254 EAST SIXTH AVENUE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name MAYFIELD, HENRY
Address 4223 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name OROPALLO, DIANA
Address 208 SOUTH MONROE ST.
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name STYONS, CONNNIE
Address 1300 MICCOSUKEE ROAAAD
City-State-Zip: TALLAAHASSEE FL 32308

Title DIRECTOR
Name HARTLEY, JEFF
Address 712 EAST 7TH AVENUE
City-State-Zip: TALLAHASSEE FL 32303