

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006865

**Entity Name:** RYAN P.MCCALL FOUNDATION INC.**Current Principal Place of Business:**1006 ORCA CT.  
HOLIDAY, FL 34691**Current Mailing Address:**1006 ORCA CT.  
HOLIDAY, FL 34691 US**FEI Number: 46-4479794****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELISE K. WINTERS, P.A.  
1006 DREW STREET  
CLEARWATER, FL 33755 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            PRESIDENT  
Name            MCCALL, KEVIN P  
Address        2112 W. WATROUS AVE  
City-State-Zip: TAMPA FL 33606

Title            TREASURER  
Name            MCCALL, KEVIN C  
Address        1006 ORCA CT.  
City-State-Zip: HOLIDAY FL 34691

Title            VP  
Name            GOLD, KIMBERLY ANN  
Address        69 OVERLOOK COURT  
City-State-Zip: GARNET VALLEY PA 19061

Title            VP  
Name            IVORY, PATRICIA  
Address        305 CHRISTOPHER COURT  
City-State-Zip: DOWNTOWN PA 19335

Title            SECRETARY, VICE PRESIDENT OF  
                 COMMUNICATIONS  
Name            TATLOCK, FOREST  
Address        3108 TOSCANA COURT  
City-State-Zip: TAMPA FL 33611

Title            DIRECTOR  
Name            SAVAGE, MARK  
Address        2134 BARRACUDA COURT  
City-State-Zip: HOLIDAY FL 34691

Title            DIRECTOR  
Name            BEGLEY, THOMAS  
Address        249 N. NORWINDEN DRIVE  
City-State-Zip: SPRINGFIELD PA 19064

Title            DIRECTOR  
Name            MCCALL, KRISTEN  
Address        2112 W. WATROUS AVE  
City-State-Zip: TAMPA FL 33606

*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: KEVIN MCCALL****TREASURER****01/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date