

2015 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	4540 BAY SPRING COURT
City-State-Zip:	TAMPA FL 33611

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

Title	VP
Name	GOLD, KIMBERLY ANN
Address	4200 TARA COURT
City-State-Zip:	BOOTHWYN 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

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 C. MCCALL**TREASURER****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date