

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006141

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC3856478368**

**Entity Name:** RYAN NECE FOUNDATION, INC.

**Current Principal Place of Business:**

4401 W. KENNEDY BLVD.  
THIRD FLOOR  
TAMPA, FL 33609

**Current Mailing Address:**

4401 W. KENNEDY BLVD.  
THIRD FLOOR  
TAMPA, FL 33609 US

**FEI Number:** 47-1289221

**Certificate of Status Desired:** No

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

GORRELL, ALLISON  
4401 W. KENNEDY BLVD.  
THIRD FLOOR  
TAMPA, FL 33609 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            COO  
Name            GORRELL, ALLISON  
Address        4401 W. KENNEDY BLVD. THIRD  
                  FLOOR  
City-State-Zip: TAMPA FL 33609

Title            CEO  
Name            SHARP, SHELLEY  
Address        4401 W. KENNEDY BLVD. THIRD  
                  FLOOR  
City-State-Zip: TAMPA FL 33609

Title            SECRETARY  
Name            ROMO, JOHANA  
Address        4401 W. KENNEDY BLVD. THIRD  
                  FLOOR  
City-State-Zip: TAMPA FL 33609

Title            T  
Name            MAINELLI, ROBERT  
Address        4401 W. KENNEDY BLVD. THIRD  
                  FLOOR  
City-State-Zip: TAMPA FL 33609

Title            CHAIRMAN  
Name            MATTHEWS, MARC  
Address        4401 W. KENNEDY BLVD.  
                  THIRD FLOOR  
City-State-Zip: TAMPA FL 33609

Title            VC  
Name            APPLEBY, KEITH  
Address        4401 W. KENNEDY BLVD.  
                  THIRD FLOOR  
City-State-Zip: TAMPA FL 33609

*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:** ALLISON GORRELL

COO

01/16/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date