

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009016

FILED
Apr 11, 2007
Secretary of State

Entity Name: THE RYAN WELLS FOUNDATION, INC.

Current Principal Place of Business:

3636 WOODRIDGE PLACE
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

3636 WOODRIDGE PLACE
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 04-3824815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W BOY SCOUT BLVD STE 1000
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELLS, MIKE
Address: 3636 WOODRIDGE PLACE
City-St-Zip: PALM HARBOR, FL 34684

Title: VP () Delete
Name: BARBER, STEVE
Address: 441 OXFORD RD
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: MILLER, MATT
Address: 1780 ARABIAN LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: S () Delete
Name: CALANDRA, VINCENT
Address: 3505 TARPON WOODS BLVD. F32
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: OLSON, DAVE
Address: 506 OCEANVIEW AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: HOWARD, GEORGE
Address: 1134 SKYE LANE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MIKE WELLS

P

04/11/2007

Electronic Signature of Signing Officer or Director

Date