

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011253

FILED  
Apr 30, 2012  
Secretary of State

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

**Current Principal Place of Business:**

4 EAST POPLAR WAY  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

4 EAST POPLAR WAY  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 26-1444770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOLKMAN, JASON D ESQUIRE  
16334 LARROCHA DRIVE  
PUNTA GORDA, FL 33955 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:** PD  
**Name:** SCANNELL, ERIKA  
**Address:** 4 EAST POPLAR WAY  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

**Title:** VPD  
**Name:** SCANNELL, JR, JOHN L  
**Address:** 4 EAST POPLAR WAY  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

**Title:** SD  
**Name:** MCINTOSH, DANA  
**Address:** 69 HIDDEN LAKES DRIVE  
**City-St-Zip:** MIRAMAR BEACH, FL 32550 US

**Title:** TD  
**Name:** OLSON, SANDY  
**Address:** 168 TRADEWINDS DRIVE  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459 US

**Title:** D  
**Name:** VOLKMAN, JASON D  
**Address:** 16334 LARROCHA DRIVE  
**City-St-Zip:** PUNTA GORDA, FL 33955 US

**Title:** D  
**Name:** VOLKMAN, CAROLYNNE  
**Address:** 16334 LARROCHA DRIVE  
**City-St-Zip:** PUNTA GORDA, FL 33955 US

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:** ERIKA SCANNELL

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date