2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 08:00 AM Secretary of State

DOCU	V	IFNI	T#1	N29	969
		(<u>—</u>	777 +	**	$\mathbf{v}\mathbf{v}$

THE RYAN FOUNDATION, INC.



Principal Place of Business

207-A.W. S.R. 434 WINTER SPRINGS, FL 32708 Mailing Address

207-A W. S.R. 434

WINTER SPRINGS, FL 32708



DO NOT WRITE IN THIS SPACE

03312006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2950299

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

OHAB, PAMELA 100 E. SYBELIA AVENUE **STE 130**

DO NOT WRITE

MAITLAND, FL 32751				IN THIS SPACE				
	named entity submits this statement for the pullons of registered agent.	urpose of changing its registered	office or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and eccept			
SIGNATURE_	Signature, typed or printed name of registered egent and title ti	englicatio (NEXE-Backetorad)	ned vinnature	required when reinstating?	DATE			
		pprototo (110)c 110)district		Tadate and tangent				
	Filing Fee is \$61.25 Due by May 1, 2006	 Election Campaign Finance Trust Fund Contribution. 	ing 🛚	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TIFLE NAME STREET ADDRESS CITY-ST-INP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	DV RYAN, JENNIFER 962 VAN BUREN AVE. FRANKLIN SQUARE, NY 11010 DV RYAN, JOSEPH 71 OAKLAND AVE MILLER PLACE, FL 11764 POT OHAB, PAMELA 100 E. SYBELIA AVE., STE 130 MAITLAND, FL 32751			DC	######################################			
Title Hame Street address City-St-Zip	DV RYAN, DENNIS 207A S.R. 434 WINTER SPRGS, FL			IN	THIS SPACE			
TUTLE NAME STREET ADDRESS CITY-ST-ZIP	DV RYAN, MARIAN V. 12921 1647H CT N JUPITER, FL							

12. I hereby certify that the information supplied with this king does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cells; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

_				 _	_
•	41 Z	RІ	AΤ	 u	
		14	~ :	п	<u> </u>

NAME STREET ADDRESS

CITY-ST-ZIP

Samuela SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FINNEGAN, ROSEMARY

135 CONRAD COURT WINTER PARK, FL 32789

3/31/06

Daytime Phone 9