

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N29969

1. Entity Name
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**



04272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2950299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OHAB, PAMELA
100 E. SYBELIA AVENUE
STE 130
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RYAN, JENNIFER 962 VAN BUREN AVE. FRANKLIN SQUARE, NY 11010
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RYAN, JOSEPH 71 OAKLAND AVE MILLER PLACE, FL 11764
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT OHAB, PAMELA 100 E. SYBELIA AVE., STE 130 MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RYAN, DENNIS 207A S.R. 434 WINTER SPRGS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RYAN, MARIAN V. 12921 164TH CT N JUPITER, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEGAN, ROSEMARY 135 CONRAD COURT WINTER PARK, FL 32789
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05/28/08-80017-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela Oh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08
Date

407-740-7311
Daytime Phone #