2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N29969

Entity Name: THE RYAN FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2950299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OHAB, PAMELA
100 E. SYBELIA AVENUE
STE 130
MAITLAND, FL 32751 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:	DV	( ) Delete
Name:	RYAN, JENNIFER	
Address:	962 VAN BUREN AVE.	
City-St-Zip:	FRANKLIN SQUARE, NY 11010	
Title:	DV	( ) Delete
Name:	RYAN, JOSEPH	
Address:	71 OAKLAND AVE	
City-St-Zip:	MILLER PLACE, FL 11764	
Title:	PDT	( ) Delete
Name:	OHAB, PAMELA	
Address:	100 E. SYBELIA AVE., STE 130	
City-St-Zip:	MAITLAND, FL 32751	
Title:	DV	( ) Delete
Name:	RYAN, DENNIS	
Address:	207A S.R. 434	
City-St-Zip:	WINTER SPRGS, FL	
Title:	DV	(X) Delete
Name:	RYAN, MARIAN V.	
Address:	12921 164TH CT N	
City-St-Zip:	JUPITER, FL	
Title:	D	( ) Delete
Name:	FINNEGAN, ROSEMARY	
Address:	135 CONRAD COURT	
City-St-Zip:	WINTER PARK, FL 32789	

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
Name:	
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 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: PAMELA OHAB P 04/28/2009

Electronic Signature of Signing Officer or Director — Date