

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**



**DOCUMENT # N98000007162**

1. Entity Name

RYAN CLAN ASSOCIATION, U.S. SEPT, INC.

Principal Place of Business

2580 CARE DRIVE  
#2  
TALLAHASSEE FL 32308

Mailing Address

P. O. BOX 13241  
TALLAHASSEE FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554822

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, J. TERRY  
2538 STONEGATE DR.  
TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	RYAN, J TERRY	PO BOX 13241	TALLAHASSEE FL 32311	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BARTHOLOMEW, SHARON	1518 CRIS PLACE	ANAHEIM CA 92802	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CARIGAN, JIM	662 MONTCLAIR RD	FRANKFORT KY 40601	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	RYAN, JAMES W	2 HAWTHORNE PLACE #16E	BOSTON MA 02114	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	RADM, JIM CAREY	6022 KNIGHTS RD 62 WAY	ALEXANDRIA VA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

00000355526  
05/03/05-80150-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J. Terry Ryan*  
J. TERRY RYAN

1/30/05 850/562-4666

Date

Daytime Phone #