

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 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

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-3554822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006

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

TITLE PD ☐ Delete
NAME RYAN, J TERRY
STREET ADDRESS PO BOX 13241
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE SD ☐ Delete
NAME BARTHOLOMEW, SHARON
STREET ADDRESS 1518 CRIS PLACE
CITY-ST-ZIP ANAHEIM CA 92802

TITLE D ☐ Delete
NAME CARIGAN, JIM
STREET ADDRESS 662 MONTCLAIR RD
CITY-ST-ZIP FRANKFORT KY 40601

TITLE D ☐ Delete
NAME RYAN, JAMES W
STREET ADDRESS 2 HAWTHORNE PLACE #16E
CITY-ST-ZIP BOSTON MA 02114

TITLE TD ☐ Delete
NAME RADM, JIM CAREY
STREET ADDRESS 6022 KNIGHTS RD 62 WAY
CITY-ST-ZIP ALEXANDRIA VA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

[Handwritten Signature]

U.S. 1, 550/321-5052