


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 Mailing Address
2580 CARE DRIVE #2 TALLAHASSEE FL 32308 **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 | | 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 _____ (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 | <input type="checkbox"/> Delete |
| NAME | RYAN, J TERRY | |
| STREET ADDRESS | PO BOX 13241 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BARTHOLOMEW, SHARON | |
| STREET ADDRESS | 1518 CRIS PLACE | |
| CITY-ST-ZIP | ANAHEIM CA 92802 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARIGAN, JIM | |
| STREET ADDRESS | 662 MONTCLAIR RD | |
| CITY-ST-ZIP | FRANKFORT KY 40601 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RYAN, JAMES W | |
| STREET ADDRESS | 2 HAWTHORNE PLACE #16E | |
| CITY-ST-ZIP | BOSTON MA 02114 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | RADM, JIM CAREY | |
| STREET ADDRESS | 6022 KNIGHTS RD 62 WAY | |
| CITY-ST-ZIP | ALEXANDRIA VA | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

U00000562593
 05/19/06-80060-022 61.25

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 _____ U.S. 507/321-9052