

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002952

Entity Name: THE RYON D PROVENCHER MEMORIAL FUND, INC.**Current Principal Place of Business:**400 BLACKBURN STREET
#1
ENGLEWOOD, FL 34223**Current Mailing Address:**PO BOX 284
ENGLEWOOD, FL 34295 US**FEI Number: 94-3461526****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DICKINSON, ROBERT
460 SOUTH INDIANA AVE.
ENGLEWOOD, FL 34223 US*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**Officer/Director Detail :**

Title	PRES
Name	PROVENCHER, KOREY CMR.
Address	1126 POINSETTIA DRIVE
City-State-Zip:	WEST HOLLYWOOD CA 90046

Title	ST
Name	BRODY, SARAH DMRS.
Address	10 WAKERMAN ROAD
City-State-Zip:	DARIEN CT 06820

Title	D
Name	BENGTSON, CHRISTOPHER MR.
Address	1 WHITE HILL LANE
City-State-Zip:	CUMBERLAND RI 02864

Title	D
Name	KING, KEVIN MR.
Address	2501 CHRISTIAN STREET, #408
City-State-Zip:	PHILADELPHIA PA 19146

Title	D
Name	WADE, BRIAN MR.
Address	100 CENTER GROVE ROAD, APT. 2-5
City-State-Zip:	RANDOLPH NJ 07869

I hereby 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 all other like empowered.

SIGNATURE: KOREY PROVENCHER**PRESIDENT****01/26/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date