

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005665

**FILED**  
**Feb 03, 2024**  
**Secretary of State**  
**1860740379CC**

**Entity Name:** PRINCE'S TRUST AMERICA, INC.

**Current Principal Place of Business:**

45 W. 27TH STREET, FLOOR 11  
NEW YORK, NY 10001

**Current Mailing Address:**

45 W. 27TH STREET, FLOOR 11  
NEW YORK, NY 10001 US

**FEI Number:** 82-5457122

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIR, TRES  
Name KELLIE- SMITH, SAM  
Address 45 W. 27TH STREET, FLOOR 11  
City-State-Zip: NEW YORK NY 10001

Title DIR  
Name BRITTO, ROMERO  
Address 45 W. 27TH STREET, FLOOR 11  
City-State-Zip: NEW YORK NY 10001

Title CHAIRMAN/DIR  
Name GREEN, JEREMY  
Address 45 W. 27TH STREET, FLOOR 11  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name JAMES, KATE  
Address 45 W. 27TH STREET  
FLOOR 11  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name CERES, RUDYARD  
Address 45 WEST 27TH STREET, NEW YORK,  
NY, USA  
FLOOR 11  
City-State-Zip: NEW YORK NY 10001

Title MR.  
Name BYRD, STEPHEN  
Address 45 W 27TH STREET NW  
FLOOR 11  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name WEIKES, ELIZABETH  
Address 45 W. 27TH STREET  
FLOOR 11  
City-State-Zip: NEW YORK NY 10001

Title CEO  
Name VICTORIA, GORE  
Address 45 W. 27TH STREET  
FLOOR 11  
City-State-Zip: NEW YORK NY 10001

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*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:** JESSE B RAUCH

**OPERATIONS MANAGER** 02/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title COO  
Name JESSE B, RAUCH  
Address 45 W. 27TH STREET  
FLOOR 11  
City-State-Zip: NEW YORK NY 10001