2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002952

FILED Jan 12, 2009 Secretary of State

Entity Name: THE RYON D PROVENCHER MEMORIAL FUND, INC.

Current Principal Place of Business:		New Principal Place of Business:	
400 BLACKBURN ST. ENGLEWOOD, FL 34223		400 BLACKBURN STREET ENGLEWOOD, FL 34223	
Current Mailing Address:		New Mailing Address:	
400 BLACKBURN ST. ENGLEWOOD, FL 34223		PO BOX 284 ENGLEWOOD, FL 34295 US	
FEI Number: 94-3461526	FEI Number Applied For () FEI Nur	nber Not Appli	icable () Certificate of Status Desired (X)
Name and Address of Cu	urrent Registered Agent:	Name and	Address of New 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, n the State of Florida.			
SIGNATURE:			
Electroni	c Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Fitle: () I Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition PROVENCHER, KOREY C MR. 356 CARLTON AVENUE, #1 BROOKLYN, NY 11238
Fitle: () I Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	ST () Change (X) Addition BRODY, SARAH D MRS. 10 WAKERMAN ROAD DARIEN, CT 06820
Fitle: () I Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition BENGTSON, CHRISTOPHER MR. 1 WHITE HILL LANE CUMBERLAND, RI 02864
Fitle: () I Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition KING, KEVIN MR. 2501 CHRISTIAN STREET, #408 PHILADELPHIA, PA 19146
Fitle: () I Name: Address: City-St-Zip:	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition WADE, BRIAN MR. 100 CENTER GROVE ROAD, APT. 2-5 RANDOLPH, NJ 07869

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KOREY C. PROVENCHER P 01/12/2009