

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90035 044 ****61.25

DOCUMENT # N96000002975

1. Entity Name

THE JIMMY RYCE CENTER FOR VICTIMS OF
PREDATORY ABDUCTION, INC.



Principal Place of Business

1111 KANE CONCOURSE
SUITE 395
MIAMI BEACH FL 33154

Mailing Address

1111 KANE CONCOURSE
SUITE 395
MIAMI BEACH FL 33154

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1470076

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

RYCE, DONALD T
1111 KANE CONCOURSE
SUITE 305
BAM HARBOR ISLANDS FL 33154

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, 2004

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 ☐ Delete

NAME RYCE, DON
STREET ADDRESS 1111 KANE CONCOURSE SUITE 305
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE ☐ Delete

NAME KUSMA, KYLLI
STREET ADDRESS 1601 DOANE RD.
CITY-ST-ZIP COLUMBUS OH 43221

TITLE ☐ Delete

NAME STEIN, CRAIG
STREET ADDRESS 19431 DIPLOMAT DR
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME RYCE, CLAUDINE
STREET ADDRESS 1111 KANE CONCOURSE SUITE 305
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE ☐ Delete

NAME COE, DIANNE
STREET ADDRESS 10850 SW 170 TER.
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete

NAME LYNN, TERRI
STREET ADDRESS 6475 W. OAKLAND BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33313

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME Don Ryce, Board Director
STREET ADDRESS 908 Coquina Lane
CITY-ST-ZIP Vero Beach FL 32963

TITLE ☐ Change ☒ Addition

NAME Board Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME Board Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME Claudine Ryce Ex Dir. & Pres.
STREET ADDRESS 908 Coquina Lane
CITY-ST-ZIP Vero Beach FL 32963

TITLE ☐ Change ☒ Addition

NAME Treasurer
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME V. P.
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #