## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N96000002975

1. Entity Name

Principal Place of Business

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



Mailing Address

FILED Mar 18, 2008 8:00 am Secretary of State

03-18-2008 90017 024 \*\*\*\*61.25

908 COQUINA LN VERO BEACH FL 32963 US  2. Principal Place of Business - No P.O. Box #			908 COQUINA LN VERO BEACH FL 32963 US							
2. Principal P	lace of Busines	s - No P.O. Box #	3. Mailing	Address						
Suite, Apt. #. etc.			Suite, Apt. #, etc.			1st MOORE CR2E037 (10/07)				
City & State	e		City &	State			4. FEI Number	1 1 4 7 0 0 7 6		Applied For
Zip Country		Country	Zip		Country			31-1470076	\$8.75 ^	Not Applicable
					·····		5. Certificate of S		Fee Requi	red
	6. Name an	d Address of Current	Registered A	gent	Nam	ne	7. Name and Add	iress of New Reg	istered Agent	
RYCE, DONALD T 908 COQUINA LN VERO BEACH FL 32963						Street Address (P.O. Box Number is Not Acceptable)				
					Stre					
	•				City		1,0		FL Zip Co	ode
8. The above	named entity si	ubmits this statement fo	or the purpose	of changing its re	gistered offic	ce or registe:	ed agent, or both, in	the State of Florio	ia. I am familiar wit	h, arid accept
ille obligat	ions or registere	a agent.								
SIGNATURE .		BL.								
· · · · · · · · · · · · · · · · ·	Signature, typed or a	rinted neme of registered agent	and tile if applicati	e. (NOTE: F	Registered Agent s	signature required	f wisen reinstating)		DATE	
		FEE IS \$61.25 tay 1, 2008	\$ 1094 3/7/08	9. Election Camp Trust Fund Col		ng 🗆	\$5.00 May Be Added to Fees	Make Florida	Check Payabl Department of	e to State
10.		OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS	IN 10
TITLE	RYCE, DON			☐ Delete	TITLE	50	in Ritter		☐ Change	Addition
NAME STREET ADDRESS	908 COQUIN	A LN			NAME STREET ADDRE	ESS 2 1	12 17 P.	ie Hww.		
CITY - ST - ZIP	VERO BEACH	FL 32963			CITY-ST-ZIP		05812111	~ 1,10 }.	- 4 -	
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NAME STREET ADDRESS	KUSMA, KYL 1661 DOONE	Li		- Delate	TITLE	J	nsen Bea	ch, Fl	34957 □ Change	Addition
CITY-ST-ZIP	l = ==			La Delinic	NAME	7	nsen Beu	ch, FL	34957 ☐ Change	Addition
TITLE	COLUMBUS	RD		Details		7	nsen Bea	ch,Fl	34957 Change	Addition
	D	: RD OH <b>43221</b>		☐ Delete	NAME STREET ADDRE	7	nsen Bea	ch,FL	34957	
NAME	D STEIN, CRAIC	: RD OH 43221			NAME STREET ADDRI CITY-ST-ZIP TITLE NAME	223	asen Bea	ch,FL		
NAME STREET ADDRESS CITY-ST-ZIP	D	: RD OH 43221			NAME STREET ADDRI CITY-ST-ZIP TITLE	223	nsen Bea	ch,FL		
STREET ADDRESS	D STEIN, CRAIC 19431 DIPLO MIAMI FL	: RD OH 43221 G MAT DR	Director	☐ Oelele	NAME STREET ADDRI CITY-ST-ZIP TITLE NAME STREET ADDRI	223	asen Bea	ch,FL		· _ Addition
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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 supplies ental 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:

andine Rige Clandise Ryce 3/7/08 77249202