2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 11, 2009
Secretary of State

DOCUMENT# N96000002975

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

Current Principal Place of Business:

908 COQUINA LN
VERO BEACH, FL 32963 US

New Principal Place of Business:

900 BAY DRIVE
APT 201
MIAMI BEACH, FL 33141 US

Current Mailing Address:

908 COQUINA LN
VERO BEACH, FL 32963 US

New Mailing Address:

900 BAY DRIVE
APT 201
MIAMI BEACH, FL 33141 US

FEI Number: 31-1470076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RYCE, DONALD T
908 COQUINA LN
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

RYCE, DONALD T
900 BAY DRIVE EAST
APT 201
MIAMI BEACH, FL 33141 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: DONALD T. RYCE 11/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RYCE, DON
Address: 908 COQUINA LN
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: KUSMA, KYLLI
Address: 1661 DOONE RD
City-St-Zip: COLUMBUS, OH 43221

Title: D ( ) Delete
Name: STEIN, CRAIG
Address: 19431 DIPLOMAT DR
City-St-Zip: MIAMI, FL

Title: P/ED ( ) Delete
Name: RYCE, CLAUDINE
Address: 908 COQUINA LN
City-St-Zip: VERO BEACH, FL 32963

Title: T ( ) Delete
Name: COE, DIANNE
Address: 10850 SW 170 TER.
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete
Name: LYNN, TERRI
Address: 4010 FERN FORREST ROAD
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DIANNE M. COE CPA T 11/11/2009
Electronic Signature of Signing Officer or Director Date