

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002975

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

900 BAY DRIVE  
APT 201  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 BAY DRIVE  
APT 201  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

**FEI Number:** 31-1470076      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RYCE, DONALD T  
900 BAY DRIVE EAST  
APT 201  
MIAMI BEACH, FL 33141 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: RYCE, DON  
Address: 900 BAY DRIVE EAST #201  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP  
Name: RYCE, MARTHA  
Address: 1623 LENNOX DRIVE #21  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: T  
Name: COE, DIANNE M  
Address: 10850 SW 170 TERRACE  
City-St-Zip: MIAMI, FL 33157 US

Title: SEC  
Name: LYNN, TERRI  
Address: 4010 FERN FORREST ROAD  
City-St-Zip: COOPER CITY, FL 33026

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: DIANNE MASELLIS COE

T

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date