

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 768484

1. Entity Name
FLORIDA RICE COUNCIL, INC.



Principal Place of Business
651 NW 9TH STREET
BELLE GLADE, FL 33430 US

Mailing Address
PO BOX 2076
BELLE GLADE, FL 33430 US



01292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2821964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROTH, RAYMOND R JR.
27502 CR 880
BELLE GLADE, FL 33430

**DO NOT WRITE
IN THIS SPACE**

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

Raymond R. Roth
Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating)

01/30/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROTH, RAYMOND R. JR.
STREET ADDRESS	232 N.W. N.W. AVENUE L
CITY-ST-ZIP	BELLE GLADE, FL 33430

TITLE	VPD
NAME	PERDOMO, RAUL
STREET ADDRESS	13733 EXOTICA LANE
CITY-ST-ZIP	W PALM BEACH, FL

TITLE	T
NAME	STEIN, ROY S
STREET ADDRESS	1625 WEDGEWORTH RD
CITY-ST-ZIP	BELLE GLADE, FL 33430

TITLE	SD
NAME	SENGELMANN, KLAUS
STREET ADDRESS	1147 READING TERRACE
CITY-ST-ZIP	W PALM BEACH, FL

TITLE	D
NAME	ULLOA, MODESTO F
STREET ADDRESS	278 SQUIRE DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000621647
02/12/07-80025-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Stewart Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2007

Date

Daytime Phone #