

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 A
Secretary of State

DOCUMENT # 768484 1. Entity Name FLORIDA RICE COUNCIL, INC.	
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Principal Place of Business 651 NW 9TH STREET BELLE GLADE, FL 33430 US	Mailing Address PO BOX 2076 BELLE GLADE, FL 33430 US
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02152008 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 ☐ \$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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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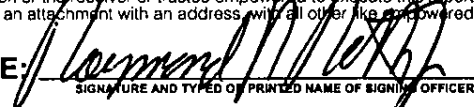
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTH, RAYMOND R. JR. 232 N.W. N.W. AVENUE L BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PERDOMO, RAUL 13733 EXOTICA LANE W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEIN, ROY S 1625 WEDGEWORTH RD BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SENGELMANN, KLAUS 1147 READING TERRACE W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULLOA, MODESTO F 278 SQUIRE DRIVE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000833157
02/28/08-80001-020 61.25

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:  **RAYMOND R ROTH, JR.** 2/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #