

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768484

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FLORIDA RICE COUNCIL, INC.

## Current Principal Place of Business:

651 NW 9TH STREET  
BELLE GLADE, FL 33430 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2076  
BELLE GLADE, FL 33430 US

## New Mailing Address:

FEI Number: 59-2821964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROTH, RAYMOND R JR.  
27502 CR 880  
BELLE GLADE, FL 33430 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 ( ) Delete  
Name: ROTH, RAYMOND R. JR.  
Address: 232 N.W. N.W. AVENUE L  
City-St-Zip: BELLE GLADE, FL 33430

Title: VPD ( ) Delete  
Name: PERDOMO, RAUL  
Address: 13733 EXOTICA LANE  
City-St-Zip: W PALM BEACH, FL

Title: T ( ) Delete  
Name: STEIN, ROY S  
Address: 1625 WEDGEWORTH RD  
City-St-Zip: BELLE GLADE, FL 33430

Title: SD ( ) Delete  
Name: SENGLMANN, KLAUS  
Address: 1147 READING TERRACE  
City-St-Zip: W PALM BEACH, FL

Title: D (X) Delete  
Name: ULLOA, MODESTO F  
Address: 278 SQUIRE DRIVE  
City-St-Zip: WELLINGTON, FL 33414

## 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: SD (X) Change ( ) Addition  
Name: ULLOA, MODESTO F  
Address: 278 SQUIRE DRIVE  
City-St-Zip: WELLINGTON, FL 33414

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: STEWART STEIN

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date