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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31837

1. Corporation Name

RISK COMMUNICATION & ENVIRONMENTAL INSTITUTE, INC.

Principal Place of Business

5822 N.W. 91 BLVD.
GAINESVILLE FL 32653
US

Mailing Address

5822 N.W. 91 BLVD.
GAINESVILLE FL 32606



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/18/1989

4. FEI Number

59-2951554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PALING, JOHN
5822 NW 91 BLVD.
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PALING, JOHN
STREET ADDRESS 5822 NW 91ST BLVD.
CITY-ST-ZIP GAINESVILLE FL

TITLE T ☐ DELETE

NAME SMALL, PARKER P
STREET ADDRESS 3454 NW 12 AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE T ☐ DELETE

NAME RODENBAUM, WALTER D
STREET ADDRESS 1521 NW 68 TERRACE
CITY-ST-ZIP GAINESVILLE FL

TITLE T ☒ DELETE

NAME O, SUSAN
STREET ADDRESS 7515 SW 22 AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE S ☐ DELETE

NAME BORBERT, CHRISTOPHER
STREET ADDRESS 238 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL

TITLE T ☐ DELETE

NAME MLAKAR, CHARLES
STREET ADDRESS MILL RIVER FARM
CITY-ST-ZIP GATES MILLS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D. McKay, James
1106 NE 12th Ave.
Gainesville, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED President

4/1/99

Date Daytime Phone #

CR2E037-11/98