


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90057 035 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N96000006435</b>                                |  |
| 1. Entity Name<br><b>THE SUZANNE E. RICE FOUNDATION, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>6161 N. OCEAN BLVD.<br/>OCEAN RIDGE, FL 33435</b> | Mailing Address<br><b>PO BOX 280<br/>BOYNTON BEACH, FL 33425-0280</b> |
|---|---|

40061630

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>5310 N. Ocean Dr. #801</b> | 3. Mailing Address<br><b>5310 N. Ocean Dr. #801</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                 |



04132007 Chg-NP CR2E037 (12/06)

|  |  |
|--|--|
| City & State<br><b>Singer Island, FL</b> | City & State<br><b>Singer Island, FL</b> |
| Zip<br><b>33404-2537</b>                 | Zip<br><b>33404-2537</b>                 |
| Country<br><b>US</b>                     | Country<br><b>US</b>                     |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0748824</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>JAKABCIN, KATHRYN M ESQ.<br/>1325 S. CONGRESS AVENUE<br/>SUITE 104<br/>BOYNTON BEACH, FL 33426</b> |  |
|--|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | Zip Code |

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RICE, SUZANNE E<br/>6161 N. OCEAN BLVD.<br/>OCEAN RIDGE, FL 33435</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FALKENBERG, ELKE E<br/>6161 N. OCEAN BLVD.<br/>OCEAN RIDGE, FL 33435</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JAKABCIN, KATHRYN M<br/>1325 S. CONGRESS AVE. #104<br/>BOYNTON BEACH, FL 33426</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** Suzanne E Rice **4/13/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #