

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000006435

1. Entity Name
THE SUZANNE E. RICE FOUNDATION, INC.



Principal Place of Business
**5310 N OCEAN DR #801
SINGER ISLAND, FL 33404**

Mailing Address
**5310 N OCEAN DR #801
SINGER ISLAND, FL 33404**



04212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0748824

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JAKABCIN, KATHRYN M ESQ.
1325 S. CONGRESS AVENUE
SUITE 104
BOYNTON BEACH, FL 33426**

**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 _____

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

(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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICE, SUZANNE E
STREET ADDRESS	6161 N. OCEAN BLVD.
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D
NAME	FALKENBERG, ELKE E
STREET ADDRESS	6161 N. OCEAN BLVD.
CITY-ST-ZIP	OCEAN RIDGE, FL 33435
TITLE	D
NAME	JAKABCIN, KATHRYN M
STREET ADDRESS	1325 S. CONGRESS AVE. #104
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/08-80035-004 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: Suzanne E Rice Suzanne E. Rice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 561 848-7078
Date Daytime Phone #