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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:21

DOCUMENT # P38956

(9)

1. Corporation Name

THE A.K. RICE INSTITUTE, INCORPORATED

Principal Place of Business

Mailing Address

19586 TRAILS END TERRACE
JUPITER FL 33458

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JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1992

3a. Date of Last Report

01/31/1994

4. FEI Number

41-1262454

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(To print, type or print name of registered agent and the filer)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	BAXTER, ROBERT F., M.D.	200 E CHESTNUT STREET	LOUISVILLE KY
V	LOFGREN, DONNA P	376 RIVER ROAD	CARLISLE MA
ST	GREEN, ZACHARY, PH.D.	1574 EAST-WEST HIGHWAY	SILVER SPRING MD
D	SHARRIN, RONALD M., PH.D.	20774 HILLSIDE DRIVE	TOPANGA CA
D	WINDERMANN, BARBARA B RN	3206 ABERDEEN WAY	HOUSTON TX
D	KLEIN, EDWARD B., PH.D.	100 BRITANNY LANE	FAIRFIELD OH

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
☐ Change ☐ Addition			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
☐ Change ☐ Addition			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
☒ Change ☐ Addition	ST Barbara B. Winderman, RN, JD	3206 Aberdeen Way	Houston, TX 77025
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
☒ Change ☐ Addition	D Vivian Gold, Ph.D.	252 5th Avenue	Venice, CA 90291
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
☐ Change ☐ Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
☐ Change ☐ Addition			

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Robert F. Baxter, MD (P) *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95
Date

(502) 852-6950
Toll-Free

Additional Directors - A. K. Rice Institute

- D Kathleen Cain, L.C.S.W.
603 Westwood
Columbia, MO 65203
- D Debra A. Noumair, Ed.D.
200 West 79th Street, #12-G
New York, NY 10024
- D Solomon Cytrynbaum, Ph.D.
1501 Washington Avenue
Wilmette, IL 60091