

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P38956** (9)

1. Corporation Name

THE A.K. RICE INSTITUTE, INCORPORATED



Principal Place of Business

**19586 TRAILS END TERRACE
JUPITER FL 33458**

Mailing Address

**19586 TRAILS END TERRACE
JUPITER FL 33458**

3. Date Incorporated or Qualified
05/26/1992

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
41-1262454

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**

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 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 re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **BAXTER, ROBERT F., M.D.**
STREET ADDRESS **200 E CHESTNUT STREET**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE **V** ☒ DELETE
NAME **LOFGREN, DONNA P**
STREET ADDRESS **376 RIVER ROAD**
CITY-ST-ZIP **CARLISLE MA**

TITLE **ST** ☒ DELETE
NAME **WINDERMAN, BARBARA B R JD**
STREET ADDRESS **3206 ABERDEN WAY**
CITY-ST-ZIP **HOUSTON TX**

TITLE **D** ☒ DELETE
NAME **GOLD, VIVIAN P**
STREET ADDRESS **252 5TH AVENUE**
CITY-ST-ZIP **VENICE CA**

TITLE **D** ☒ DELETE
NAME **WINDERMAN, BARBARA B RN**
STREET ADDRESS **3206 ABERDEEN WAY**
CITY-ST-ZIP **HOUSTON TX**

TITLE **D** ☐ DELETE
NAME **KLEIN, EDWARD B., PH.D.**
STREET ADDRESS **100 BRITTANY LANE**
CITY-ST-ZIP **FAIRFIELD OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Gabelnick, Faith, Ph.D.**
1.3 STREET ADDRESS **P.O. Box 347 N/A**
1.4 CITY-ST-ZIP **Forest Grove, OR 97116**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Barbara B. Winderman, RN, JD**
2.3 STREET ADDRESS **3206 Aberdeen Way**
2.4 CITY-ST-ZIP **Houston, TX 77025**

3.1 TITLE **S/T** ☒ Change ☐ Addition
3.2 NAME **M. Dudley Weems, MD**
3.3 STREET ADDRESS **180 Deer Ridge**
3.4 CITY-ST-ZIP **Athens, GA 30605**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Geoffrey M. Reed, Ph.D.**
4.3 STREET ADDRESS **APA - 750 First St, NE**
4.4 CITY-ST-ZIP **Washington, DC 20002-4242**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Timothy I. Mize**
5.3 STREET ADDRESS **34 Chester Road**
5.4 CITY-ST-ZIP **Belmont, MA 02178**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Solomon Cytrynbaum, Ph.D.**
6.3 STREET ADDRESS **1501 Washington**
6.4 CITY-ST-ZIP **Wilmette, IL 60091**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Faith Gabelnick, Ph.D.** *Faith Gabelnick*

2/20/95 (503) 359-2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

Additional Directors - A.K. Rice Institute

D

Debra A. Noumair, Ed.D.
200 West 79th Street, #12-G
New York, NY 10024

D

Joseph L. Wright
3359 18th Street, NW
Washington, DC 20010