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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Morahan Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/26/1992	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 41-1262454	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. Zip Code		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABELNICK, FAITH PHD	1.2 NAME	
STREET ADDRESS	PO BOX 347 N/A (N/A)	1.3 STREET ADDRESS	
CITY-ST-ZIP	FOREST GROVE OR	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINDERMAN, BARBARA B. RN/	2.2 NAME	Braxton, Earl T.
STREET ADDRESS	3206 ABERDEEN WAY	2.3 STREET ADDRESS	3166 West Wind Drive
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	Allison Park, PA 15101
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEMS, DUDLEY M. MD	3.2 NAME	Timothy I. Mize
STREET ADDRESS	180 DEER RIDGE	3.3 STREET ADDRESS	P.O. Box 679 (N/A)
CITY-ST-ZIP	ATHENS GA	3.4 CITY-ST-ZIP	Boston, MA 02134-0679
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, GEOFFREY M. PH	4.2 NAME	Claudia J. Anderson, Ph.D.
STREET ADDRESS	APA-750 FIRST ST, NE	4.3 STREET ADDRESS	4747 Bellaire Blvd., #342
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	Bellaire, TX 77401
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIZE, TIMOTHY I.	5.2 NAME	Debra A. Noumair, Ed.D.
STREET ADDRESS	34 CHESTER ROAD	5.3 STREET ADDRESS	200 W. 79th Street
CITY-ST-ZIP	BELMONT MA	5.4 CITY-ST-ZIP	New York, NY 10024
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, EDWARD B., PH.D.	6.2 NAME	Solomon Cyrtynbaum, Ph.D.
STREET ADDRESS	100 BRITTANY LANE	6.3 STREET ADDRESS	1501 Washington
CITY-ST-ZIP	FAIRFIELD OH	6.4 CITY-ST-ZIP	Wilmette, IL 60091

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

Faith Gabelnick, President

12 Jan 1998 503-359-2214

CR2E037 (10/97)