## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 07, 2005 8:00 am Secretary of State DOCUMENT # P38956 1. Entity Name 04-07-2005 90036 041 \*\*\*\*61.25 THE A.K. RICE INSTITUTE, INCORPORATED Principal Place of Business Mailing Address 195% TRAILS END TERRACE 19586 TRAILS END TERRACE JUPITER FL 33458 JUPITER FL 33458 50034910 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 41-1262454 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE X Change Delete TITLE ☐ Addition WINDERMAN, BARBARA NAME NAME Robert F. Baxter, MD 3206 ABERDEEN WAY STREET ADDRESS STREET ADDRESS 24632 IvoryCane Drive, #103 HOUSTON TX CITY-ST-ZIP CITY-ST-ZIP Bonita Springs, FL 34134 HILE ☐ Delete Change ☐ Addition WRIGHT, MARY W NAME NAME 25 JOHN ANDREW STREET STREET ADDRESS STREET ADDRESS BOSTON MA 02130 CITY-ST-ZIP CITY-ST-7IP TITLE \_\_\_Delete TITLE Change ☐ Addition FRANK, MARTA NAME NAME 4 SWAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP WINCHESTER MA 01890 CITY-ST-7IP TITLE Delete TITLE Change ▼ Addition BAXTER, ROBERT F MD Mary McRae, Ed.D. NAME NAME 24632 IVORY CANDE DR, #103 239 Greene Street STREET ADORESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP New York, NY 10003 TITLE TITLE Addition Delete ☐ Change WHITE, EMILY ED.D. NAME NAME Sarah Brazaitis, Ph.D. 275 W. 96TH ST, #21-F STREET ADDRESS STREET ADDRESS 525 W. 120th Street NEW YORK NY 10025 CITY-ST-ZIP CITY-ST-7IP New York, NY 10027

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PENWELL, LARRY W PH.D.

4102 32ND ROAD SOUTH

ARLINGTON VA 22206

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Delete

(239)495 - 93153-30-05

☐ Change

Addition

**FILED**