


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000700 1. Entity Name THE DIANNE T. AND CHARLES E. RICE FAMILY FOUNDATION, INC.	
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Principal Place of Business BESSEMER TR CO OF FLORIDA 801 BRICKELL AVE MIAMI, FL 33131	Mailing Address C/O BESSEMER TRUST CO 630 FIFTH AVE NEW YORK, NY 10111
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04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3701678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, C. DANIEL
BESSEMER TR CO OF FLORIDA
801 BRICKELL AVE
MIAMI, FL 33131

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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

PAID Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, CHARLES E 50 N LAURA ST SUITE 4200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, DIANNE T 50 N LAURA ST SUITE 4200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, C. DANIEL T 50 N LAURA ST SUITE 3300 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, JULIE F 50 N LAURA ST SUITE 3300 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, JOHN F 50 N LAURA ST SUITE 4200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, MICHELE D 50 N LAURA ST SUITE 4200 JACKSONVILLE, FL 32202

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05/04/04-80012-024 61.25

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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.

SIGNATURE: _____ **COPY EXECUTED ORIGINAL WILL BE MAILED SEPARATELY** _____ Date _____ Daytime Phone # _____