


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90054 008 ****61.25

DOCUMENT # N01000000700

1. Entity Name
 THE DIANNE T. AND CHARLES E. RICE FAMILY FOUNDATION, INC.



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

40128733



DO NOT WRITE IN THIS SPACE

05072007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-3701678

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

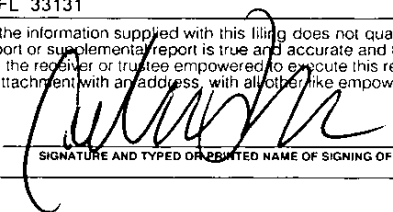
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICE, CHARLES E
STREET ADDRESS	801 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	RICE, DIANNE T
STREET ADDRESS	801 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	RICE, C. DANIEL T
STREET ADDRESS	801 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	RICE, JULIE F
STREET ADDRESS	801 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	DONOVAN, JOHN F
STREET ADDRESS	801 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	MITCHELL, MICHELLE R
STREET ADDRESS	801 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

ATTACHMENT
40128793
N01000000700

ENTITY: THE DIANNE T AND CHARLES E RICE FAMILY FOUNDATION INC

BOX 10

Title D
Name Mitchell, Thomas
Street Address 801 Brickell Avenue
City-ST-Zip Miami, FL 33131

Box 10

Title D
Name Donovan, Celeste Rice
Street Address 801 Brickell Avenue
City-ST-Zip Miami, FL 33131