

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2009
Secretary of State**

DOCUMENT# N01000000700

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

Current Principal Place of Business:

BESSEMER TR CO OF FLORIDA
801 BRICKELL AVE
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O BESSEMER TRUST CO
630 FIFTH AVE
NEW YORK, NY 10111

New Mailing Address:

FEI Number: 59-3701678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICE, CHARLES E
Address: 801 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: RICE, DIANNE T
Address: 801 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: RICE, C. DANIEL T
Address: 801 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: RICE, JULIE F
Address: 801 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: DONOVAN, JOHN F
Address: 801 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MITCHELL, MICHELLE R
Address: 801 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTE RICE DONOVAN

CEO

02/11/2009

Electronic Signature of Signing Officer or Director

Date