2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000000700

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

INC

Current Principal Place of Business:

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

50 NORTH LAURA STREET SUITE 1208

JACKSONVILLE, FL 32202

Current Mailing Address:

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

50 NORTH LAURA STREET SUITE 1208

JACKSONVILLE, FL 32202 US

FEI Number: 59-3701678 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICE, C. DANIEL THE DIANNE T. AND CHARLES E. RICE FAMILY FOUNDATION, INC. 50 NORTH LAURA STREET SUITE 1208

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

FILED Apr 06, 2015

Secretary of State CC9056623803

Officer/Director Detail:

1208

JACKSONVILLE, FL 32202 US

Title D Title D

Name DONOVAN, CELESTE R Name RICE, DIANNE T

Address THE DIANNE T. AND CHARLES E. Address THE DIANNE T. AND CHARLES E.

RICE FAMILY FOUNDATION, INC.
50 NORTH LAURA STREET SUITE

RICE FAMILY FOUNDATION, INC.
50 NORTH LAURA STREET SUITE

1208

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title D Title D

Name RICE, CHARLES DANIEL Name RICE, JULIE F

Address THE DIANNE T. AND CHARLES E. Address THE DIANNE T. AND CHARLES E.

RICE FAMILY FOUNDATION, INC.

50 NORTH LAURA STREET SUITE

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City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

Name RICE, CHARLES DAVID

1208

Address THE DIANNE T. AND CHARLES E.

RICE FAMILY FOUNDATION, INC. 50 NORTH LAURA STREET SUITE

1208

City-State-Zip: JACKSONVILLE FL 32202

I hereby 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 all other like empowered.

SIGNATURE: CHARLES DANIEL RICE MANAGER 04/06/2015