

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100000700

**FILED**  
**Apr 06, 2024**  
**Secretary of State**  
**121655281CC**

**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

**Current Mailing Address:**

C/O BESSEMER TRUST CO  
1271 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020 US

**FEI Number: 59-3701678**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title P  
Name GREEN, CELESTE R  
Address 50 NORTH LAURA ST  
STE 1700  
City-State-Zip: JACKSONVILLE FL 33131

Title D  
Name RICE, DIANNE T  
Address C/O BESSEMER TRUST CO OF  
FLORIDA  
801 BRICKELL AVE  
City-State-Zip: MIAMI FL 33131

Title D  
Name RICE, CHARLES DANIEL  
Address C/O BESSEMER TRUST CO OF  
FLORIDA  
801 BRICKELL AVE  
City-State-Zip: MIAMI FL 33131

Title D  
Name RICE, JULIE F  
Address C/O BESSEMER TRUST CO OF  
FLORIDA  
801 BRICKELL AVE  
City-State-Zip: MIAMI FL 33131

Title D  
Name MITCHELL, THOMAS RICE  
Address C/O BESSEMER TRUST CO OF  
FLORIDA  
801 BRICKELL AVE  
City-State-Zip: MIAMI FL 33131

Title D  
Name RICE, RACHEL LEE  
Address 50 NORTH LAURA ST  
STE 1700  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name RICE, FRANCES MARIE  
Address 50 NORTH LAURA ST  
STE 1700  
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: CELESTE R GREEN**

**DIRECTOR**

**04/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date