

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000700

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**8167023862CC****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  
630 FIFTH AVENUE  
NEW YORK, NY 10111 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	D
Name	GREEN, CELESTE R
Address	C/O BESSEMER TRUST CO OF FLORIDA 801 BRICKELL AVE
City-State-Zip:	MIAMI 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

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****DIR****03/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date