


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 8:00 am
Secretary of State


03-04-2008 90012 038 ****61.25

DOCUMENT # N01000000700 1. Entity Name THE DIANNE T. AND CHARLES E. RICE FAMILY FOUNDATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE

40037710



02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3701678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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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.

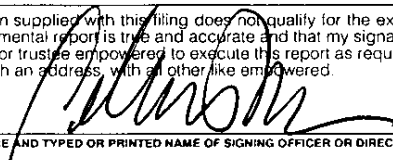
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, CHARLES E 801 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, DIANNE T 801 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, C. DANIEL T 801 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, JULIE F 801 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, JOHN F 801 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, MICHELLE R 801 BRICKELL AVENUE MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:  **Celeste Donovan** 2-11-08 904-228-4184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40037718
NO 1000000700

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