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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

POCUMENT # N9500000192 (3)

Corporation Name		
RISCORP-GRYPHUS	FOUNDATION,	INC.

Mailing Address Principal Place of Business P.O. BOX 1598 1390 MAIN ST. SARASOTA FL 34230 SARASOTA FL 34236 3. Date Incorporated to 01/12/1995 3a. Date of Last Report or Qualified 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0580100 26 21 \$8.75 Additional Suite Ant #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country 🙎 Yes 🔲 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent **B1** Name Street Address (P.O. Box Number is Not Acceptable) BROWN, DARYL J 82 1819 MAIN ST. 83 **SUITE 1100** SARASOTA FL 34236 Zip Code 85 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE DATE (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change ☐ Addition DELETE 1.1 TITLE D/P TITLE 1.2 NAME GRIFFIN, WILLIAM D NAME 1390 MAIN ST. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME GRIFFIN, CARLA T NAME 1390 MAIN ST. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 2 4 CITY - ST - ZIP CITY-ST-2IP Addition D/VP DELETE 3.1 TITLE TITLE 3.2 NAME MALONE, JAMES A NAME 33 STREET ADDRESS 1390 MAIN ST. STREET ADDRESS SARASOTA FL 34236 3 4. CHY-ST-ZIP CITY-ST-ZIP Addition DELETE D/S/T 4.1 TITLE TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this angular report or supplemental annual 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 comparation or the entire 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 comparation or the entire 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 comparation or the entire 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 comparation or the entire 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 comparation or the entire 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 comparation or the entire 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 comparation or the entire true and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and that my signature shall have the same legal effect as if made under oath and accurate and accurate and accurate and accurate and accurate and accurate

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SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

HAMMEL, EDWARD J

SARASOTA FL 34236

HALLOY, RICHARD A

SARASOTA FL 34236

1390 MAIN ST.

1390 MAIN ST.

RUSS, SUSAN M

1390 MAIN ST.

SIGNATURE AND TYPED OR PRINTED Hallov

Richa.

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(941) 951-2022 Daytime Phone #

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