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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000192 (3)

1. Corporation Name

RISCORP-GRYPHUS FOUNDATION, INC.

Principal Place of Business

1390 MAIN ST.
SARASOTA FL 34236

Mailing Address

P.O. BOX 1598
SARASOTA FL 34230-1598



3. Date Incorporated or Qualified
01/12/1995

3a. Date of Last Report
04/14/1996

4. FEI Number

65-0580100

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

N/A

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, DARYL J
1819 MAIN ST.
SUITE 1100
SARASOTA FL 34236

81 Name

Vaughan-Birch, L. Norman

82 Street Address (P.O. Box Number is Not Acceptable)

720 S. Orange Avenue

83

84 City

Sarasota

FL

85 Zip Code
34236

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|--------------------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | GRiffin, WILLIAM D | |
| STREET ADDRESS | 1390 MAIN ST. | |
| CITY - ST - ZIP | SARASOTA FL 34236 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GRiffin, CARLA T | |
| STREET ADDRESS | 1390 MAIN ST. | |
| CITY - ST - ZIP | SARASOTA FL 34236 | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | MALONE, JAMES A | |
| STREET ADDRESS | 1390 MAIN ST. | |
| CITY - ST - ZIP | SARASOTA FL 34236 | |
| TITLE | DST | <input checked="" type="checkbox"/> DELETE |
| NAME | HAMMEL, EDWARD J | |
| STREET ADDRESS | 1390 MAIN ST. | |
| CITY - ST - ZIP | SARASOTA FL 34236 | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | HALLOY, RICHARD A | |
| STREET ADDRESS | 1390 MAIN ST. | |
| CITY - ST - ZIP | SARASOTA FL 34236 | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | RUSS, SUSAN M | |
| STREET ADDRESS | 1390 MAIN ST. | |
| CITY - ST - ZIP | SARASOTA FL 34236 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | DVPST |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 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 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED JAMES A. MALONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052863

CR2E037 (9/96)