

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N95000000192 (3)

1. Corporation Name

RISCORP FOUNDATION, INC.

Principal Place of Business

Mailing Address

1390 MAIN ST.  
SARASOTA FL 34236

P.O. BOX 1598  
SARASOTA FL 34230

FILED  
Jul 30 1998 8:00am  
Secretary of State



3. Date Incorporated or Qualified

01/12/1995

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 One Sarasota Tower  
2 N. Tamiami Trail

26 P.O. Box 728

22 Suite 410

27 Suite, Apt. #, etc.

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

Zip

Country

Zip

Country

24 34236

25 USA

29 34230

30 USA

9. Name and Address of Current Registered Agent

VAUGHAN-BIRCH, L. N  
720 S. ORANGE AVE.  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

JEFFREY R. MCCURDY

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

ONE SARASOTA TOWER, 2 N. TAMIAHI TRAIL

83

SUITE 410

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

JEFFREY MCCURDY, VP

7/15/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME GRIFFIN, WILLIAM D  
STREET ADDRESS 1390 MAIN ST.  
CITY-ST-ZIP SARASOTA FL 34236

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP  
1.3 STREET ADDRESS ONE SARASOTA TOWER, 2 N. TAMIAHI TR, STE 410  
1.4 CITY-ST-ZIP SARASOTA, FL 34236

TITLE D ☐ DELETE

NAME GRIFFIN, CARLA T  
STREET ADDRESS 1390 MAIN ST.  
CITY-ST-ZIP SARASOTA FL 34236

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D  
2.3 STREET ADDRESS ONE SARASOTA TOWER, 2 N. TAMIAHI TR, STE 410  
2.4 CITY-ST-ZIP SARASOTA, FL 34236

TITLE DVP ☒ DELETE

NAME MALONE, JAMES A  
STREET ADDRESS 1390 MAIN ST.  
CITY-ST-ZIP SARASOTA FL 34236

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME T/S/V  
3.3 STREET ADDRESS MCCURDY, JEFFREY R.  
3.4 CITY-ST-ZIP ONE SARASOTA TOWER, 2 N. TAMIAHI TR., STE 410  
SARASOTA, FL 34236

TITLE DVPS ☒ DELETE

NAME HALLOY, RICHARD A  
STREET ADDRESS 1390 MAIN ST.  
CITY-ST-ZIP SARASOTA FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DVP ☒ DELETE

NAME RUSS, SUSAN M  
STREET ADDRESS 1390 MAIN ST.  
CITY-ST-ZIP SARASOTA FL 34236

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/98

941/316-6902

CR2E037 (5/98)