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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P39803

(2)

1. Corporation Name

THE GRANT FOUNDATION, INC.



Principal Place of Business

Mailing Address

3 MELLON BANK CENTER
525 WILLIAM PENN PLACE, SUITE 3901
PITTSBURGH PA 15219-1709

1900 RINGLING BLVD.
SARASOTA FL 34236
US

3. Date Incorporated or Qualified
07/22/1992

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMMERMAN, PHILIP R.
1900 RINGLING BOULEVARD
SARASOTA FL 34236

81 Name

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

83

84 City

FL

85 Zip Code

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

William E. Dunn

William E. Dunn, Exec. Vice Pres.

15 March, 1996

Signature typed or printed name of registered agent and title in parentheses

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE PD ☐ DELETE

NAME MELLON, GWEN GRANT
STREET ADDRESS 7990 15TH ST EAST
CITY-ST-ZIP SARASOTA FL 34243

11 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RAWSON, IAN
STREET ADDRESS 6401 DARLINGTON RD
CITY-ST-ZIP PITTSBURGH PA 15217

12 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BRYANT, JOHN H
STREET ADDRESS P.O. BOX 177 N/A
CITY-ST-ZIP MOSCOW VT 05662

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ROUSSEAU, LUCIEN
STREET ADDRESS P.O. BOX 1744 N/A
CITY-ST-ZIP PORT-AU-PRINCE, HAITI

21 TITLE ☐ Change ☐ Addition

TITLE ASD ☐ DELETE

NAME DUNN, WILLIAM E
STREET ADDRESS 8466 N. LOCKWOOD RIDGE RD., #111
CITY-ST-ZIP SARASOTA FL 34243

22 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MILLER, HENRY K
STREET ADDRESS P.O. BOX 66518 N/A
CITY-ST-ZIP BATON ROUGE LA 70896

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

William E. Dunn William E. Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 March, 1996
DATE

(941)355-2805
Daytime Phone #

CR2E037 (12/95)