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May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

3 MELLON BANK CENTER
525 WILLIAM PENN PLACE, SUITE 3801
PITTSBURGH PA 15219-1709

Mailing Address

1900 RINGLING BLVD.
SARASOTA FL 34236-6910
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 8466 N. Lockwood Ridge Rd.

Suite, Apt. #, etc.

27 # 111

City & State

28 Sarasota, FL

Zip

29 34243

Country

30 U.S.A.

3. Date Incorporated or Qualified

07/22/1992

3a. Date of Last Report

03/19/1996

4. FEI Number

25-1017587

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

ZIMMERMAN, PHILIP R.
1900 RINGLING BOULEVARD
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

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 PD
NAME MELLON, GWEN GRANT
STREET ADDRESS 7990 15TH ST EAST
CITY-ST-ZIP SARASOTA FL 34243☐ DELETETITLE D
NAME RAWSON, IAN
STREET ADDRESS 6401 DARLINGTON RD
CITY-ST-ZIP PITTSBURGH PA 15217☐ DELETETITLE D
NAME BRYANT, JOHN H
STREET ADDRESS P.O. BOX 177 N/A
CITY-ST-ZIP MOSCOW VT 05862☐ DELETETITLE D
NAME ROUSSEAU, LUCIEN
STREET ADDRESS P.O. BOX 1744 N/A
CITY-ST-ZIP PORT-AU-PRINCE, HAITI☐ DELETETITLE ASTD
NAME DUNN, WILLIAM E
STREET ADDRESS 8466 N. LOCKWOOD RIDGE RD., #111
CITY-ST-ZIP SARASOTA FL 34243☐ DELETETITLE D
NAME MILLER, HENRY K
STREET ADDRESS P.O. BOX 66518 N/A
CITY-ST-ZIP BATON ROUGE LA 70896☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 on an attachment with an address.

SIGNATURE: William E. Dunn 20 April, 97 (941) 355-2805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061204

CR2E037 (9/96)