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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39803 (2)
 1. Corporation Name
THE GRANT FOUNDATION, INC.



Principal Place of Business 3 MELLON BANK CENTER 525 WILLIAM PENN PLACE, SUITE 3901 PITTSBURGH PA 15219-1709	Mailing Address 8466 N LOCKWOOD RIDGE RD 111 SARASOTA FL 34243 US
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21 2. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/22/1992	
4. FEI Number 25-1017587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> DELETE NAME MELLON, GWEN GRANT STREET ADDRESS 7990 15TH ST EAST CITY-ST-ZIP SARASOTA FL 34243	TITLE D <input type="checkbox"/> DELETE NAME RAWSON, IAN STREET ADDRESS 6401 DARLINGTON RD CITY-ST-ZIP PITTSBURGH PA 15217
TITLE D <input type="checkbox"/> DELETE NAME BRYANT, JOHN H STREET ADDRESS P.O. BOX 177 N/A CITY-ST-ZIP MOSCOW VT 05662	TITLE D <input checked="" type="checkbox"/> DELETE NAME ROUSSEAU, LUCIEN STREET ADDRESS P.O. BOX 1744 N/A CITY-ST-ZIP PORT-AU-PRINCE, HAITI
TITLE ASTO <input type="checkbox"/> DELETE NAME DUNN, WILLIAM E STREET ADDRESS 8466 N. LOCKWOOD RIDGE RD., #111 CITY-ST-ZIP SARASOTA FL 34243	TITLE D <input checked="" type="checkbox"/> DELETE NAME MILLER, HENRY K STREET ADDRESS P.O. BOX 66518 N/A CITY-ST-ZIP BATON ROUGE LA 70896

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME EDGAR STOESZ 1.3 STREET ADDRESS 929 Broad St. 1.4 CITY-ST-ZIP Akron, PA 17501	2.1 TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME WILLIAM SIMPSON 2.3 STREET ADDRESS 525 William Penn Place Suite 3901 2.4 CITY-ST-ZIP Pittsburgh, PA 15219-1709
3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME RENEE BERGNER 3.3 STREET ADDRESS 134 Prospect Parkway 3.4 CITY-ST-ZIP Burlington, VT 05401	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME PAUL DERSTINE 4.3 STREET ADDRESS 4551 Lower Beckleysville Road 4.4 CITY-ST-ZIP Hampstead MD 21074
5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME ROBERT WELLS 5.3 STREET ADDRESS 238 Fifteenth Street 5.4 CITY-ST-ZIP Atlanta, GA 30309-1132	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME NICOLE GARNIER 6.3 STREET ADDRESS Rue Sapotille #16 Desprez 6.4 CITY-ST-ZIP Port-au-Prince, HAITI

14. I 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: *[Handwritten Signature]* **DATE:** 1/98 **FILED:** 1744 355-3805

CR2E037 (10/97)

D
JACQUELYNE GAUTIER
Hopital Pierre Damien
Rue PanAmericane
Port-au-Prince, HAITI

addition