

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90137 015 ****61.25

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DOCUMENT # P39803

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



2. Effective May 1, 1999

21

New Address: 1410 Magellan Drive
Sarasota, FL 34243

22

23

New Phone: (941) 752-1525

24

ZIMMERMAN, PHILIP R.
1900 RINGLING BOULEVARD
SARASOTA FL 34236

3. Date Incorporated or Qualified

07/22/1992

4. FEI Number

25-1017587

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

10. Name and Address of New Registered Agent

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 type="checkbox"/> DELETE
NAME	STOESZ, EDGAR	
STREET ADDRESS	929 BROAD ST	
CITY-ST-ZIP	AKRON PA 17501	
TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	DUNN, WILLIAM E	
STREET ADDRESS	8466 N. LOCKWOOD RIDGE RD., #111	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SIMPSON, WILLIAM	
STREET ADDRESS	525 WILLIAM PENN PLACE STE 3901	
CITY-ST-ZIP	PITTSBURGH PA 15219-1709	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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, with all other like empowered.

SIGNATURE:

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

MARCH 15, 1999

Date

(941) 355-2705
Daytime Phone #

CR2E037 (1/1/98)