

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P39803

1. Entity Name
THE GRANT FOUNDATION, INC.



Principal Place of Business
**1360 WHITFIELD AVENUE
SARASOTA, FL 34243-1252**

Mailing Address
**1360 WHITFIELD AVENUE
SARASOTA, FL 34243-1252**

DO NOT WRITE IN THIS SPACE



05172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
25-1017587

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ISAAC, HERTHA
7391 ELEANOR CIRCLE
SARASOTA, FL 34243**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE HERTHA ISAAC Hertha Isaac June 7/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGNER, RENEE M.D. 134 PROSPECT PKWY. BURLINGTON, VT 05401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD GAUTIER, JACQUELINE M.D. PO BOX 1270 PORT-AU-PRINCE, HAITI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, JOHN 97 FALLS BROOK LANE ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, ROBERT E 2530 PARKSIDE DRIVE ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BERQUIST, BRADLEY 692 COURTLAND PLACE BURLINGTON, ONTARIO, CN L7R 2M6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTHRUP, ROBERT M.D. 307 W. GERMAN STREET SHEPHERDSTOWN, WV 25443

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06/09/04-80001-011 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Rawson Janet Rawson, Treasurer 19 May 04 (412) 361-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #