

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 02, 2006
Secretary of State

DOCUMENT# P39803

Entity Name: THE GRANT FOUNDATION, INC.**Current Principal Place of Business:**7391 ELEANOR CIRCLE
SARASOTA, FL 34243**New Principal Place of Business:****Current Mailing Address:**7391 ELEANOR CIRCLE
SARASOTA, FL 34243**New Mailing Address:****FEI Number:** 25-1017587**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ISAAC, HERTHA
7391 ELEANOR CIRCLE
SARASOTA, FL 34243 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRANT, JENIFER
Address: 17 MACK LANE
City-St-Zip: ESSEX, CT 06426

Title: 1VD () Delete
Name: GAUTIER, JACQUELINE M.D.
Address: PO BOX 1270
City-St-Zip: PORT-AU-PRINCE, HAITI,

Title: TR () Delete
Name: SIMPSON, WILLIAM
Address: 3 MELLON BANK CENTER
City-St-Zip: PITTSBURGH, PA 15217

Title: PD () Delete
Name: RAWSON, IAN PHD
Address: 6401 DARLINTON ROAD
City-St-Zip: PITTSBURGH, PA 15217

Title: ATD (X) Delete
Name: BERQUIST, BRADLEY
Address: 692 COURTLAND PLACE
City-St-Zip: BURLINGTON, ONTARIO, CN L7R 2M6

Title: D (X) Delete
Name: NORTHROP, ROBERT M.D.
Address: 307 W. GERMAN STREET
City-St-Zip: SHEPHERDSTOWN, WV 25443

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ATD (X) Change () Addition
Name: BERQUIST, BRADLEY
Address: 692 COURTLAND PLACE
City-St-Zip: BURLINGTON, ONTARIO, CN L7R 2M6

Title: () Change () Addition
Name:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN RAWSON

PD

11/02/2006

Electronic Signature of Signing Officer or Director

Date