

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008376

Entity Name: MILLS AVIATION CHARITIES INC.**Current Principal Place of Business:**1030 LAMBERT AVENUE
FLAGLER BEACH, FL 32136**Current Mailing Address:**1030 LAMBERT AVENUE
FLAGLER BEACH, FL 32136 US**FEI Number:** 27-3405278**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRILLO-MILLS, KIMBERLY
1030 LAMBERT AVENUE
FLAGLER BEACH, FL 32136 US*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**Officer/Director Detail :**

Title	PDT
Name	GRILLO-MILLS, KIMBERLY
Address	1030 LAMBERT AVENUE
City-State-Zip:	FLAGLER BEACH FL 32136

Title	D
Name	CARROLL, SEAN
Address	201 AIRPORT ROAD
City-State-Zip:	BUNNELL FL 32110

Title	VP
Name	MILLS, WILLIAM E
Address	1030 LAMBERT AVENUE
City-State-Zip:	FLAGLER BEACH FL 32136

Title	SD
Name	GREENE, FRANCINE
Address	201 AIRPORT ROAD
City-State-Zip:	BUNNELL FL 32110

Title	DIRECTOR OF EDUCATION INITIATIVES
Name	GRILLO, KELLY PHD
Address	201 AIRPORT ROAD
City-State-Zip:	BUNNELL FL 32110

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY GRILLO-MILLS**PRES****03/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date