

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

Title D  
Name CARROLL, SEAN  
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

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

*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