

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000008074</b>																																																																																																																																																											
<b>1. Entity Name</b> SIDNEY AND CONSTANCE MILLER FOUNDATION, INC.																																																																																																																																																											
<b>Principal Place of Business</b> 5800 VINTAGE OAKS CIRCLE DELRAY BEACH FL 33484			<b>Mailing Address</b> 5800 VINTAGE OAKS CIRCLE DELRAY BEACH FL 33484																																																																																																																																																								
<b>2. Principal Place of Business</b> Suite, Apt #, etc			<b>3. Mailing Address</b> Suite, Apt #, etc.																																																																																																																																																								
<b>City &amp; State</b>			<b>City &amp; State</b>																																																																																																																																																								
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 65-1061120																																																																																																																																																							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																																																							
<b>6. Name and Address of Current Registered Agent</b>  MILLER, SIDNEY 5800 VINTAGE OAKS CIRCLE DELRAY BEACH FL 33484				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																																																																																																																																							
<b>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.</b>																																																																																																																																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																											
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																																							
<b>Make Check Payable to Florida Department of State</b>																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. 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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:** **SIDNEY MILLER** 1-21-04 561 637 4913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR