

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000008074**

1. Entity Name  
**SIDNEY AND CONSTANCE MILLER FOUNDATION, INC.**



Principal Place of Business  
**5800 VINTAGE OAKS CIRCLE  
DELRAY BEACH, FL 33484**

Mailing Address  
**5800 VINTAGE OAKS CIRCLE  
DELRAY BEACH, FL 33484**



01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1061120</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MILLER, SIDNEY  
5800 VINTAGE OAKS CIRCLE  
DELRAY BEACH, FL 33484**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MILLER, SIDNEY  
STREET ADDRESS 5800 VINTAGE OAKS CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D  
NAME MILLER, CONSTANCE  
STREET ADDRESS 5800 VINTAGE OAKS CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D  
NAME MILLER, SCOTT M  
STREET ADDRESS 5800 VINTAGE OAKS CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D  
NAME KLINGEMAN, NANCY B  
STREET ADDRESS 5800 VINTAGE OAKS CIRCLE  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000781123  
01/15/08-80018-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08  
Date

561 637 4913  
Daytime Phone #