

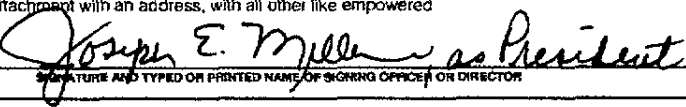


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005995			
1. Entity Name JOSEPH E. AND RONDA B. MILLER FOUNDATION, INC.			
Principal Place of Business 144 WILLIAM BARTAM DRIVE WELAKA, FL 32193		Mailing Address POST OFFICE BOX 1023 WELAKA, FL 32193	
DO NOT WRITE IN THIS SPACE			
		 02172005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-3739215	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MILLER, JOSEPH E 144 WILLIAM BARTAM DRIVE WELAKA, FL 32193		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	MILLER, JOSEPH E		
STREET ADDRESS	POST OFFICE BOX 1023		
CITY-ST-ZIP	WELAKA, FL 32193		
TITLE	D		
NAME	MILLER, RONDA B		
STREET ADDRESS	POST OFFICE BOX 1023		
CITY-ST-ZIP	WELAKA, FL 32193		
TITLE	D		
NAME	MILLER, JOSEPH E		
STREET ADDRESS	POST OFFICE BOX 1023		
CITY-ST-ZIP	WELAKA, FL 32193		
TITLE	D		
NAME	MILLER, LESLIE B		
STREET ADDRESS	POST OFFICE BOX 1023		
CITY-ST-ZIP	WELAKA, FL 32193		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:  as President		Date: 2/17/05	Daytime Phone #: 386-698-1062