

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Feb 23, 2007 08:00 A
Secretary of State



01242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3739215

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOSEPH E POST OFFICE BOX 1023 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RONDA B POST OFFICE BOX 1023 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOSEPH E POST OFFICE BOX 1023 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LESLIE B POST OFFICE BOX 1023 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80032-002 70.00

**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:

Joseph E Miller, President

2/21/07