


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

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005995</b> 1. Entity Name <b>JOSEPH E. AND RONDA B. MILLER FOUNDATION, INC.</b>	
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Principal Place of Business <b>144 WILLIAM BARTAM DRIVE WELAKA, FL 32193</b>	Mailing Address <b>POST OFFICE BOX 1023 WELAKA, FL 32193</b>
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**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3739215</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**MILLER, JOSEPH E  
144 WILLIAM BARTAM DRIVE  
WELAKA, FL 32193**

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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000835534 02/29/08-80039-015 70.00</b>
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**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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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 **AS ITS PRESIDENT** 2/18/08 386 698 1062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #