2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N02000001920

1. Entity Name
MILL PARK FOUNDATION, INC.

Principal Place of Business	Mailing Address
3001 TAMIAMI TRAIL NORTH SUITE 207 NAPLES, FL 34103	3001 TAMIAMI TRAIL NORTH SUITE 207 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
01-0644503
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERKOVICH, JOSEPH I
3001 TAMIAMI TRAIL NORTH
SUITE 207
NAPLES, FL 34103

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DC
NAME	COLLIER, MILES C
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH #207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DP
NAME	COLLIER, PARKER J
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH #207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DVS
NAME	PERKOVICH, JOSEPH I
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH #207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	T
NAME	WALKER, SANDRA D
STREET ADDRESS	3001 TAMIAMI TRAIL N., #207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	AVAS
NAME	THOMAS, WILLIAM E
STREET ADDRESS	3001 TAMIAMI TRAIL N., #207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000752452
05/21/07-80017-013 61.25

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: _____ VP 4/16/07 239-435-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #