

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

FILED
Feb 13, 2008 08:00 A
Secretary of State

DOCUMENT # N04000003771

1. Entity Name
THE AMERICAN MILLENNIUM FOUNDATION, INC.



Principal Place of Business
**606 GLADIOLA STREET, UNIT 271
MERRITT ISLAND, FL 32952**

Mailing Address
**POST OFFICE BOX 540998
MERRITT ISLAND, FL 32954**



02102008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1018989

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

**FLANAGAN, GREGORY S ESQ.
2701 SOUTHEAST MARICAMP ROAD
SUITE 104
OCALA, FL 34471**

**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, 2008**

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 MORGAN, RONALD B POST OFFICE BOX 540998 MERRITT ISLAND, FL 32954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, MARY C 1415 TROUT STREET MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, BRIAN F POST OFFICE BOX 540998 MERRITT ISLAND, FL 32954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000826720
02/21/08-80060-023 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: *R. B. Morgan* RONALD B. MORGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-08

Date

321-720-3220

Daytime Phone #