

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007489

FILED
Apr 29, 2009
Secretary of State

Entity Name: STEWART MILLER COMMUNICATION INSTITUTE FOR EXCELLENCE, INC.

Current Principal Place of Business:

410-09 BLANDING BLVD.
#221
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

410-09 BLANDING BLVD.
#221
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 75-3185977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MYRALYN A
576 BENJAMIN RUSH PL
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, MYRALYN A
Address: 576 BENJAMIN RUSH PL
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: KELLEY, BETH A
Address: 2640 SCOTT MILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: TERRY, DEBBY
Address: 5 FOX VALLEY DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: T () Delete
Name: PARKER, HAZEL B
Address: 2638 TWO NOTCH RD, STE. 217
City-St-Zip: COLUMBIA, SC 29204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRALYN MILLER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date