

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011479

FILED  
May 09, 2011  
Secretary of State

**Entity Name:** THE MARK A. TILLEY MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

406 PALERMO  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 135964  
CLERMONT, FL 34713

**New Mailing Address:**

**FEI Number:** 59-3735661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TILLEY, EMILY P  
406 PALERMO  
DAVENPORT, FL 33897 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  
Name: TILLEY, EMILY P  
Address: 406 PALERMO  
City-St-Zip: DAVENPORT, FL 33897

Title: VP  
Name: TILLEY, STERLING D SR.  
Address: 406 PALERMO  
City-St-Zip: DAVENPORT, FL 33897

Title: VP  
Name: TILLEY JOHNSON, ERIKA M  
Address: 4109 VESSEL  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP  
Name: TILLEY, STERLING D JR.  
Address: 7810 LOBELIA  
City-St-Zip: SPRINGFIELD, VA 22152

Title: M  
Name: TAYLOR, LUCAS E JR.  
Address: 1809 MADISON AVENUE  
City-St-Zip: BALTIMORE, MD 21217

Title: M  
Name: ROBINSON, AARON M  
Address: 2 FELLOWSHIP COURT  
City-St-Zip: TOWSON, MD 21286

I hereby 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 all other like empowered.

SIGNATURE: EMILY P TILLEY

P

05/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date