2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2005 8:00 am Secretary of State

				Secretary or State
1. Entity Nam	MENT # N06824 CE & SYLVIA MILLS FOUN	DATION, INC.		07-05-2005 90117 024 ****61.25
Principal Place C/O LAWREN 385 OAKVIEV DELRAY BEA	CE A. MILLS	Mailing Address C/O LAWRENCE A. MILLS 385 OAKVIEW DR. DELRAY BEACH, FL 3344	45	50054677
<u> 533 (</u>	lace of Business Cedar Berry Lane	3. Mailing Address 533 Crdar	Berryl	age
Suite, Apt.		Suite, Apt. #, etc.	<i></i>	06092005 Chg-NP CR2E037 (10/03)
City & State	el Hill, NC	Chapel Hil		4. FEI Number Applied For 59-2482275 Not Applicable
2 ⁷⁵ 1	•	2 ^{II} 27517	USA	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
MILLS, LAWRENCE A. 385 OAKVIEW DRIVE DELRAY BEACH, FL 33445				LAWGENEE A M. LLS ddress (P.O. Box Number is Not Acceptable)
DELIVITE	Eno;1,12 33443		3 <i>5</i> -5	OAKUIEW PRIVE
8. The above	named entity submits this statement for	the purpose of changing its re	\mathcal{M}	registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.			
SIGNATURE .	Laurence Ome Signature, typed or printed name of registered agent a	* 17.00.1		P M, LLS 424/05 re required when refinishing) DATE
··· · · · · · · · · · · · · · · · · ·		9. Election Camp		
10.	Filing Fee Is \$61.25 ue by September 7, 2005	Trust Fund Co	ntribution.	Added to Fees Florida Department of State
	OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	PD	☐ Delete	TITLE	Change Addition
NAME .	MILLS, LAWRENCE A.		NAME	and Codor Bucallane
STREET ADDRESS	385 OAKVIEW DR.		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL			533 (2001 12119 12212
TITLE			CITY-ST-ZIP	Chapel Hill, nc 27517
NAME	ST	☐ Delete	CITY-ST-ZIP TITLE	533 Cedar Berry Lane Chapel Hill, nc 27517 ⊠Change □ Addition
	MILLS, LAWRENCE A.	☐ Delete		Change Addition
STREET ADDRESS	· ·	☐ Delete	TITLE	Change Addition
STREET ADDRESS City-St-Zip	MILLS, LAWRENCE A.	☐ Delete	TITLE NAME	Change Addition
	MILLS, LAWRENCE A. 385 OAKVIEW DR.	□ Delete	TITLE NAME STREET ADORESS	533 Gdar Berry Lane Chapel Hill, nc 27517
CITY-ST-ZIP	MILLS, LAWRENCE A. 385 OAKVIEW DR. DELRAY BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	533 Gdar Berry Lane Chapel Hill, nc 27517
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MILLS, LAWRENCE A. 385 OAKVIEW DR. DELRAY BEACH, FL VD MILLS, SYLVIA 385 OAKVIEW DR.		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	533 Gdar Berry Lane Chapel Hill, nc 27517
CITY-ST-ZIP TITLE NAME	MILLS, LAWRENCE A. 385 OAKVIEW DR. DELRAY BEACH, FL VD MILLS, SYLVIA		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	533 Gdar Berry Lane Chapel Hill, nc 27517
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MILLS, LAWRENCE A. 385 OAKVIEW DR. DELRAY BEACH, FL VD MILLS, SYLVIA 385 OAKVIEW DR. DELRAY BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	533 Gdar Berry Lane Chapel Hill, nc 27517
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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: LAWRENCE AM, 215 99/05 919 255 744 0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date of SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR