


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-05-2005 90117 024 \*\*\*\*61.25

<b>DOCUMENT # N06824</b> 1. Entity Name <b>LAWRENCE &amp; SYLVIA MILLS FOUNDATION, INC.</b>					
Principal Place of Business <b>C/O LAWRENCE A. MILLS 385 OAKVIEW DR. DELRAY BEACH, FL 33445</b>			Mailing Address <b>C/O LAWRENCE A. MILLS 385 OAKVIEW DR. DELRAY BEACH, FL 33445</b>		
2. Principal Place of Business <b>533 Cedar Berry Lane</b> Suite, Apt. #, etc.			3. Mailing Address <b>533 Cedar Berry Lane</b> Suite, Apt. #, etc.		
City & State <b>Chapel Hill, NC</b>		City & State <b>Chapel Hill, NC</b>		4. FEI Number <b>59-2482275</b>	
Zip <b>27517</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLS, LAWRENCE A. 385 OAKVIEW DRIVE DELRAY BEACH, FL 33445</b>				7. Name and Address of New Registered Agent Name <b>LAWRENCE A. MILLS</b> Street Address (P.O. Box Number is Not Acceptable) <b>385 OAKVIEW DRIVE</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33445</b>	
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 <u><i>Lawrence A Mills</i></u> <b>LAWRENCE A MILLS</b> <u>4/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, LAWRENCE A. 385 OAKVIEW DR. DELRAY BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLS, LAWRENCE A. 385 OAKVIEW DR. DELRAY BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLS, SYLVIA 385 OAKVIEW DR. DELRAY BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, DR. STEVEN 385 OAKVIEW DR. DELRAY BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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: <u><i>Lawrence A Mills</i></u> <b>LAWRENCE A MILLS</b> <u>4/22/05</u> <b>918 255 7440</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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