


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N06824 1. Entity Name LAWRENCE & SYLVIA MILLS FOUNDATION, INC.	
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Principal Place of Business 533 CEDAR BERRY LANE CHAPEL HILL, NC 27517	Mailing Address 533 CEDAR BERRY LANE CHAPEL HILL, NC 27517
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DO NOT WRITE IN THIS SPACE



07102006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2482275	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLS, LAWRENCE A. 385 OAKVIEW DRIVE DELRAY BEACH, FL 33445

**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 September 6, 2006**

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	PD MILLS, LAWRENCE A. 533 CEDAR BERRY LANE CHAPEL HILL, NC 27517
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLS, LAWRENCE A. 533 CEDAR BERRY LANE CHAPEL HILL, NC 27517
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLS, SYLVIA 533 CEDAR BERRY LANE CHAPEL HILL, NC 27517
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, DR. STEVEN 533 CEDAR BERRY LANE CHAPEL HILL, NC 27517
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/18/06-80004-014 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: Lawrence A Mills PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06 919 259 7448
Date Daytime Phone #