

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008376

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** MILLS AVIATION CHARITIES INC.

**Current Principal Place of Business:**

283 OLD MOODY BLVD  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

283 OLD MOODY BLVD  
PALM COAST, FL 32164

**New Mailing Address:**

FEI Number: 27-3405278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRILLO-MILLS, KIMBERLY  
23 AUGUSTA TRAIL  
PALM COAST, FL 32137 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: PDT  
Name: GRILLO-MILLS, KIMBERLY  
Address: 23 AUGUSTA TRAIL  
City-St-Zip: PALM COAST, FL 32137

Title: SD  
Name: GREENE, FRANCINE  
Address: 708 MOODY BLVD  
City-St-Zip: PALM COAST, FL 32164

Title: D  
Name: CARROLL, SEAN  
Address: 283 OLD MOODY BLVD  
City-St-Zip: PALM COAST, FL 32164

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: KIMBERLY GRILLO-MILLS

PDT

04/10/2012

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

\_\_\_\_\_  
Date