

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10571

FILED
Jan 21, 2011
Secretary of State

Entity Name: W. GERRY AND REBA H. MILLER FOUNDATION, INC.

Current Principal Place of Business:

621 SOUTH FEDERAL HIGHWAY
SUITE 10 - C/O ALICIA ZACHMAN
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9
C/O ALICIA ZACHMAN
FORT LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 59-2614527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZACHMAN, ALICIA
621 SOUTH FEDERAL HIGHWAY
SUITE 10
FORT LAUDERDALE, FL 33301 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: PD
Name: MILLER, SHARON P
Address: PO BOX 9
City-St-Zip: FT. LAUDERDALE, FL 33302

Title: STD
Name: ZACHMAN, ALICIA
Address: 1729 SE 7 STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: VD
Name: MORSE, ROSANNE T
Address: PO BOX 669
City-St-Zip: ALACHUA, FL 33301

Title: D
Name: MORSE, M.D., STEVEN B
Address: PO BOX 669
City-St-Zip: ALACHUA, FL 32669

Title: D
Name: MOORE, PAULA L
Address: PO BOX 9
City-St-Zip: FORT LAUDERDALE, FL 33302

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: ROSANNE T MORSE

VP

01/21/2011

Electronic Signature of Signing Officer or Director

Date