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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47849 (7)
1. Corporation Name

THE THOMAS W. MILLER, JR. FOUNDATION, INC.



Principal Place of Business

Mailing Address

245 N NEW YORK AVE
WINTER PARK FL 32789
US

P O BOX 1779
SUITE 203
WINTER PARK FL 32780-1779
US

3. Date Incorporated or Qualified
03/12/1992

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3210375

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, T WILLIAM JR
245 N NEW YORK AVE
SUITE 203
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TRUS
NAME MILLER, THOMAS W. III
STREET ADDRESS 1001 TEMPLE GROVE
CITY-ST-ZIP WINTER PARK FL 32789

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TRUS
NAME MILLER, KATHRYN M
STREET ADDRESS 1001 TEMPLE GROVE
CITY-ST-ZIP WINTER PARK FL 32789

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TRUS
NAME DUNCAN, BUELL G., JR.
STREET ADDRESS 1200 COUNTRY LANE
CITY-ST-ZIP ORLANDO FL 32804

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME T. WILLIAM MILLER, JR.
STREET ADDRESS 245 N. NEW YORK AVE.
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TRUS
NAME METZGER, ROBERT L.
STREET ADDRESS 2020 HUNTINGTON BUILDING
CITY-ST-ZIP CLEVELAND OH 44115

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T
NAME CLIFFORD M. HAMES
STREET ADDRESS 780 WILLIAMS DR.
CITY-ST-ZIP WINTER PARK FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

T. William Miller, Jr.

4/29/97 (402) 644-7300

CR2E037 (9/96)