

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90106 025 \*\*\*\*61.25

0019800

**DOCUMENT # N47849**

1. Corporation Name

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

Principal Place of Business

245 N NEW YORK AVE  
WINTER PARK FL 32789  
US

Mailing Address

P O BOX 1779  
SUITE 203  
WINTER PARK FL 32790  
US

517607 - 90106 - 25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/12/1992

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

*Thomas W. Miller, Jr.* PRESIDENT

4/30/99

(407)420-9005

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

*Thomas W. Miller, Jr.* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

407 420 9005

Date

Daytime Phone #

CR2E037 (11/98)