


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90501 037 \*\*\*\*61.25

<b>DOCUMENT # N47849</b>		
1. Entity Name <b>THE THOMAS W. MILLER, JR. FOUNDATION, INC.</b>		

Principal Place of Business <b>245 N NEW YORK AVE WINTER PARK, FL 32789 US</b>	Mailing Address <b>P O BOX 1779 SUITE 203 WINTER PARK, FL 32790 US</b>
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**20053964**



2. Principal Place of Business <b>1481 SUMMERLAND AVE</b>	3. Mailing Address <b>P.O. Box 1000</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

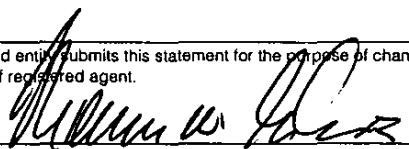
City & State <b>WINTER PARK, FL</b>	City & State <b>WINTER PARK, FL</b>
Zip <b>32789</b>	Country <b>USA</b>
Zip <b>32790</b>	Country <b>USA</b>

4. FEI Number <b>59-3210375</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MILLER, T WILLIAM JR 245 N NEW YORK AVE SUITE 203 WINTER PARK, FL 32789</b>	
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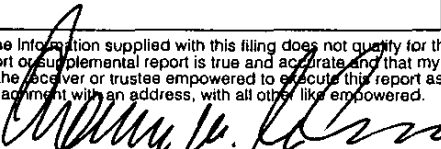
7. Name and Address of New Registered Agent Name <b>MILLER, THOMAS W. III</b> Street Address (P.O. Box Number is Not Acceptable) <b>1481 SUMMERLAND AVE.</b> City <b>WINTER PARK</b> FL Zip Code <b>32789</b>	
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8. The above named entity submits this statement 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 	DATE <b>4.28.05</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS MILLER, THOMAS W. III 1001 TEMPLE GROVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS MILLER, KATHRYN M 1001 TEMPLE GROVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS DUNCAN, BUELL G., JR. 1200 COUNTRY LANE ORLANDO, FL 32804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T T. WILLIAM MILLER, JR. 1620 MAYFLOWER COURT, APT.209-B WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS METZGER, ROBERT L. 2020 HUNTINGTON BUILDING CLEVELAND, OH 44115 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1481 SUMMERLAND AVE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1481 SUMMERLAND AVE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: 	DATE <b>4/28/05</b> (407) 628-9841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	