


FILE NOW: FILING FEE IS \$61.25

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AND
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1997 MAY -1 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002207 (6) 1. Corporation Name MILLENNIUM PROJECT, INC.					
Principal Place of Business 117 1/2 S. MONROE ST. SUITE 5 TALLAHASSEE FL 32301			Mailing Address 117 1/2 S. MONROE ST. SUITE 5 TALLAHASSEE FL 32301-1536		
2. Principal Place of Business 21 2927 Roberts Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 10748 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/23/1996	
22 City & State 23 Tallahassee FL		27 City & State 28 Tallahassee FL		4. FEI Number 59-3392389	
24 Zip 32302		25 Country Leon		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 32302		30 Country Leon		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ERVIN, JAMES M JR. 315 S. CALHOUN ST. SUITE 600 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Applicable) 200002164682-1 83 -05/02/97-01148-003 *****61.25 *****61.25 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	CARTER, LEAH				
STREET ADDRESS	315 S. CALHOUN ST., 2ND FLOOR				
CITY-ST-ZIP	TALLAHASSEE FL 32301				
TITLE	D <input type="checkbox"/> DELETE				
NAME	KETCHAM, PATTI				
STREET ADDRESS	1219 1/2 MICCOSUKEE RD.				
CITY-ST-ZIP	TALLAHASSEE FL 32308				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ARMSTRONG, KEN				
STREET ADDRESS	307 E. 7TH AVE.				
CITY-ST-ZIP	TALLAHASSEE FL 32303				
TITLE	D <input type="checkbox"/> DELETE				
NAME	BREYER, LEE				
STREET ADDRESS	2620 W. TENNESSEE ST., STE. 5				
CITY-ST-ZIP	TALLAHASSEE FL 32304				
TITLE	D <input type="checkbox"/> DELETE				
NAME	WILLIAMS, MARTHA				
STREET ADDRESS	121 S. WHETHERBINE WAY				
CITY-ST-ZIP	TALLAHASSEE FL 32301				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	TAYLOR, CURTIS H				
STREET ADDRESS	923 OLD BAINBRIDGE RD.				
CITY-ST-ZIP	TALLAHASSEE FL 32303				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	Treasurer				
1.3 STREET ADDRESS	James T. Freeman				
1.4 CITY-ST-ZIP	2620 West Tennessee St.				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	Tallahassee FL 32304				
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
6.2 NAME	Vice President				
6.3 STREET ADDRESS	Stella Ward				
6.4 CITY-ST-ZIP	923 Old Bainbridge Road				
Tallahassee FL 32303					
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: Leah K. Carter, Treasurer 4/30/97 904/561-1778					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)