FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N96000002207 (6)

MILLENNIUM PROJECT, INC.

FILED Jan 15 1998 8:00am Secretary of State

1						
2927 ROBERTS AVE TALLAHASSEE FL 32302		P.O. BOX 10748		3. Date Incorporated or Qualified		
IALLAMASSEE	, PL 32302	TALLAHASSEE FL 32302		04/23/1996		
ļ				4. FEI Number	Applied For	
				59-3392389	Not Applicable	
2. Principal F	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22		27		Trust Fund Contribution	Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?		
		28		☐ Yes 🔀 No		
Zip	Country	Zip	Country	8. This corporation owes or has paid the cut		
24	25	29 30	0		Yes X No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
181 Name James T. Freeman						
ERVIN, JAMES M JR. 82 Street Address (P.O. Box Number is Not Acceptable)						
	Calhoun St.	20 W. Tennessee -	5+-			
SUITE 600 83						
TALLAH	ASSEE FL 32301		84 City		85 Zip Code	
Į.			1 [" la		.	
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.						
office or registered agent, or both, in the state of Horica. 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 JAMES T FREEMAN Framo H reemon 1/3/78						
	Signature, typed or printed name of registered agent		ogistered Agent signature requi		77	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	 	☐ DIÆETE	1.1 TITLE		Change Addition	
NAME	FREEMAN, JAMES T		1.2 NAME			
STREET ADDRESS	2620 W. TENNESSEE ST	İ	1.3 STREET ADDRESS		ļ	
CITY - ST - ZIP	TALLAHASSEE FL 32304		1.4 CITY - ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change L Addition	
NAME	KETCHAM, PATTI		2.2 NAME		1	
STREET ADDRESS	1219 1/2 MICCOSUKEE RD.		2.3 STREET ADDRESS			
CITY-\$T-ZIP	TALLAHASSEE FL 32308		2. 4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME (ARMSTRONG, KEN		3.2 NAME		ł	
STREET ADDRESS	307 E. 7TH AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition	
NAME	BREYER, LEE		4. 2 NAME		ł	
STREET ADDRESS	2620 W. TENNESSEE ST., STE	. 5	4.3 STREET ADDRESS		Į	
CITY-ST-ZIP	TALLAHASSEE FL 32304		4.4 CITY - ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition	
NAME	WILLIAMS, MARTHA		5.2 NAME		ł	
STREET ADDRESS	121 S. WHETHERBINE WAY		5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301		5.4 CITY-ST-ZIP			
TITLE	VP	DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	Ward, Stella		6.2 NAME		ļ	
STREET ADDRESS	923 OLD BAINBRIDGE RD.		6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303		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.						