

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000006210

1. Entity Name
MILLS INSTITUTE FOR LEARNING AND LEADERSHIP SERVICES, INC.



Principal Place of Business
**5200 WEST SOUTH STREET
 ORLANDO, FL 32811**

Mailing Address
**5200 WEST SOUTH STREET
 ORLANDO, FL 32811**



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3429309** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITLEY, JUDY
 5200 WEST SOUTH STREET
 ORLANDO, FL 32811**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: CEO
 NAME: MILLS, LARRY G DR.
 STREET ADDRESS: 5200 WEST SOUTH STREET
 CITY-ST-ZIP: ORLANDO, FL 32811

TITLE: D
 NAME: GREEN, AL
 STREET ADDRESS: 5200 WEST SOUTH STREET
 CITY-ST-ZIP: ORLANDO, FL 32811

TITLE: D
 NAME: BEA, JOE V
 STREET ADDRESS: 5200 WEST SOUTH STREET
 CITY-ST-ZIP: ORLANDO, FL 32811

TITLE: SD
 NAME: WHITLEY, JUDY
 STREET ADDRESS: 5200 W SOUTH ST
 CITY-ST-ZIP: ORLANDO, FL 32811

TITLE: D
 NAME: CURRY, ERNEST
 STREET ADDRESS: 5200 WEST SOUTH STREET
 CITY-ST-ZIP: ORLANDO, FL 32811

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Whitley

1/10/06

Date

407 299-8800

Daytime Phone #