

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N96000006210

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

**Current Principal Place of Business:**

5200 WEST SOUTH STREET  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

5200 WEST SOUTH STREET  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 59-3429309      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: MILLS, LARRY G DR.  
Address: 5200 WEST SOUTH STREET  
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete  
Name: GREEN, AL  
Address: 5200 WEST SOUTH STREET  
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete  
Name: BEA, JOE V  
Address: 5200 WEST SOUTH STREET  
City-St-Zip: ORLANDO, FL 32811

Title: SD ( ) Delete  
Name: WHITLEY, JUDY  
Address: 5200 W SOUTH ST  
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete  
Name: CURRY, ERNEST  
Address: 5200 WEST SOUTH STREET  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY WHITLEY

SD

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date