

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006210

FILED
Apr 14, 2009
Secretary of State

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