

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006210

**FILED**  
**Feb 05, 2010**  
**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 ( )

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

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

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

BLACK, LASONJA  
5200 WEST SOUTH STREET  
ORLANDO, FL 32811 US

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: LASONJA BLACK

02/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: WOODS, KEITH  
Address: 5200 WEST SOUTH STREET  
City-St-Zip: ORLANDO, FL 32811

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

Title: D  
Name: WHITLEY, THOMAS  
Address: 5200 W SOUTH ST  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: MILLS, BERNICE  
Address: 5200 WEST SOUTH STREET  
City-St-Zip: ORLANDO, FL 32811

I hereby 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 all other like empowered.

SIGNATURE: BERNICE MILLS

MS

02/05/2010

Electronic Signature of Signing Officer or Director

Date