


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000001076</b> 1. Entity Name BEVERLY AND MARVIN MILLER FOUNDATION, INC.	
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Principal Place of Business 17153 ERICA ROSE COURT BOCA RATON, FL 33496	Mailing Address 17153 ERICA ROSE COURT BOCA RATON, FL 33496
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**DO NOT WRITE IN THIS SPACE**



02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0733649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, MARVIN  
17153 N.W. ERICAROSE COURT  
BOCA RATON, FL 33496

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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 \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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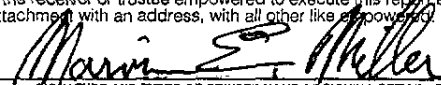
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, MARVIN 17153 ERICA ROSE COURT BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, BEVERLY 17153 ERICA ROSE COURT BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTMANN, LISA 3859 NW 53RD STREET BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000277649  
03/26/05-80037-019 61.25

**DO NOT WRITE  
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12. 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 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:**  **3/23/05** **561-470-2181**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #