

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N97000001076

1. Entity Name
BEVERLY AND MARVIN MILLER FOUNDATION, INC.



Principal Place of Business
**17153 ERICA ROSE COURT
BOCA RATON, FL 33496**

Mailing Address
**17153 ERICA ROSE COURT
BOCA RATON, FL 33496**



02132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0733649

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 D
NAME MILLER, MARVIN
STREET ADDRESS 17153 ERICA ROSE COURT
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D
NAME MILLER, BEVERLY
STREET ADDRESS 17153 ERICA ROSE COURT
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D
NAME ALTMANN, LISA
STREET ADDRESS 3859 NW 53RD STREET
CITY-ST-ZIP 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

000000439821
03/02/06-80015-020 61.25

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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

2/16/06 561-470-2121
Date Daytime Phone #