


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N98000001627 |  |
| 1. Entity Name THE ELINOR AND T.W. MILLER, JR. FOUNDATION, INC. | |

| | |
|--|--|
| Principal Place of Business 250 PARK AVE SOUTH 5TH FLOOR WINTER PARK, FL 32789 | Mailing Address 250 PARK AVE SOUTH 5TH FLOOR WINTER PARK, FL 32789 |
|--|--|

DO NOT WRITE IN THIS SPACE



05012006 No Chg-NP CR2E037 (4/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3508428 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent WARD, HAROLD A III 250 PARK AVE SOUTH 5TH FLOOR WINTER PARK, FL 32789 |
|--|

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

| | |
|---|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD WARD, HAROLD A III 250 PARK AVE. SOUTH, 5TH FL WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PDT BROWN, DONALD E 1127 EDGEWATER DRIVE ORLANDO, FL 32804 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BECKER, MARILYN J 1812 PINEVIEW CIR. WINTER PARK, FL 32792 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

DO NOT WRITE
IN THIS SPACE

000000562342
05/19/06-80051-023 61.25

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: <u>HAROLD A. WARD III</u> | Date: <u>5/1/06</u> | Daytime Phone #: <u>407-423-4246</u> |
|--------------------------------------|---------------------|--------------------------------------|