


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000029986 (1)

1. Corporation Name

MILLENNIUM FOUNDATION, INC.



Principal Place of Business 1401 UNIVERSITY DR., STE. 301 CORAL SPRINGS FL	Mailing Address 1401 UNIVERSITY DR., STE. 301 CORAL SPRINGS FL
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1997

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, HENRY W
1401 UNIVERSITY DR., STE. 301
CORAL SPRINGS FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	POWERS, ROBERT J	
STREET ADDRESS	915 NE 16 TERR	
CITY - ST - ZIP	FT. LAUDERDALE FL 33304	

1.1 TITLE	POWERS, ROBERT J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1881 NE 42ND ST	
1.3 STREET ADDRESS	76 LAUDERDALE, FL 33308	
1.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	PALLAS, CHRIS	
STREET ADDRESS	1821 NE 42 ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILARK, LINDA	
STREET ADDRESS	313 HENDRICKS ISLE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	EBY, DEBRA F	
STREET ADDRESS	1600 LAUDERDALE WEST DRIVE	
CITY - ST - ZIP	PLANTATION FL 33322	

4.1 TITLE	EBY, DEBRA F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1121 N. ANDREWS AV	
4.3 STREET ADDRESS	FT. LAUDERDALE, FL 33311	
4.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	DALLARIS, ADONIS	
STREET ADDRESS	10671 NW 28 ST.	
CITY - ST - ZIP	SUNRISE FL 33322	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0162130

CR2E034 (10/97)