

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000000121

Entity Name: HARRISON MEMORIAL ALUMNI ASSOCIATION, INC.**Current Principal Place of Business:**3010 COLDEN AVE
BRONX, NY 10469**Current Mailing Address:**3010 COLDEN AVE
BRONC, NY 10469 US**FEI Number: 82-3898479****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLYNN, SHEILA
15201 SW 18TH ST
MIRAMAR, FL 33027 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:** SHEILA FLYNN

03/12/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RODNEY-WILLIAMS, SONIA
Address 3010 COLDEN AVE
City-State-Zip: BRONC NY 10469

Title VP
Name CLARKE, PAUL
Address 950 NOLA DRIVE
City-State-Zip: OCOEE FL 34761

Title TREASURER
Name DUNN, GAYON
Address 19151 SW 15TH STREET
City-State-Zip: PEMBROKE PINES FL 33029

Title SECRETARY
Name DAVIDS, JILLIEON
Address 646 EAST 231ST STREET APT 1B
City-State-Zip: BRONX NY 10466

Title PUBLIC RELATIONS
Name MORRIS, CAROLYN
Address 70 INDIAN FIELD DRIVE
City-State-Zip: HAMBURG NJ 07419

Title OTHER
Name DWYER, AUDLEY
Address 1530 TYREL DRIVE
City-State-Zip: ORLANDO FL 32818

Title ASSISTANT VP
Name FLYNN, SHEILA
Address 15201 SW 18TH ST
City-State-Zip: MIRAMAR FL 33027

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: SHEILA FLYNN

VP

03/12/2025

Electronic Signature of Signing Officer/Director Detail

Date