

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704467

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: FLORIDA MEMORIAL UNIVERSITY, INC.

**Current Principal Place of Business:**

15800 N.W. FORTY-SECOND AVE.  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

15800 N.W. FORTY-SECOND AVE.  
MIAMI, FL 33054

**New Mailing Address:**

FEI Number: 59-0668483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, ALBERT E  
15800 N.W. 42ND AVENUE  
MIAMI, FL 33054 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, ALBERT E  
Address: 15800 NW 42ND AVE  
City-St-Zip: MIAMI, FL 33054

Title: CD ( ) Delete  
Name: COLEMAN, A.B.  
Address: 15800 NW 42ND AVE  
City-St-Zip: MIAMI, FL 33054

Title: SD ( ) Delete  
Name: WILSON, RICHARD REV  
Address: 15800 NW 42ND AVE  
City-St-Zip: MIAMI, FL 33054

Title: TD ( ) Delete  
Name: BEATTY, ROBERT G  
Address: 15800 N.W. 42ND AVE.  
City-St-Zip: MIAMI, FL 33054

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BASKIN, BILLY BISHOP  
Address: 15800 N.W. 42ND AVENUE  
City-St-Zip: MIAMI, FL 33054

Title: D ( ) Change (X) Addition  
Name: BENTLEY, NAOMI  
Address: 15800 N.W. 42ND AVENUE  
City-St-Zip: MIAMI, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LEROY SUMMERS

VP

01/11/2005

Electronic Signature of Signing Officer or Director

Date