


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

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90014 001 \*\*\*\*70.00

**DOCUMENT # 704467**

1. Entity Name  
 FLORIDA MEMORIAL UNIVERSITY, INC.



Principal Place of Business  
 15800 N.W. FORTY-SECOND AVE.  
 MIAMI, FL 33054

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

40092000

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04262006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 59-0668483

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COLEMAN, A.B. JR. 5660 MONCRIEF RD. JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, RICHARD L REV 8250 CONCORD BLVD, WEST JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASKIN, BILLY BISHOP 16800 N.W. 22ND AVE. MIAMI, FL 33056 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTLEY, NAOMI W 415 N. FREDERICK AVE. DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TD RHIM, HENRY T. REV. DR. 2968 BREVE DRIVE JACKSONVILLE, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LeRoy Summers, Jr. *[Signature]* 5/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT



40092800

# 704467

FLORIDA  
MEMORIAL  
UNIVERSITY

OFFICE OF BUSINESS AND FISCAL AFFAIRS

May 15, 2006

Ms. Pamela Yarbor  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Dear Ms. Yarbor:

I am in receipt of your letter regarding the return check for \$61.25. I apologize for any inconvenience this may have caused because the back-up documentations were not sent. Enclosed please find check #52726 in the amount of \$70 to be applied to 704467; and the \$61.25 should be applied to the University Alumni Association.

Please waive any additional fees; we are still in the process of organizing our offices and files from Hurricane Katrina and Wilma.

Thanks in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "LeRoy Summers, Jr." with a large, stylized flourish at the end.

LeRoy Summers, Jr.  
Vice President for Business and Fiscal Affairs