


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 704467 1. Entity Name FLORIDA MEMORIAL UNIVERSITY, INC.	
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Principal Place of Business 15800 N.W. FORTY-SECOND AVE. MIAMI, FL 33054	Mailing Address 15800 N.W. FORTY-SECOND AVE. MIAMI, FL 33054
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DO NOT WRITE IN THIS SPACE



03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0668483	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, KARL S
 15800 N.W. 42ND AVENUE
 MIAMI, FL 33054

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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

00000413756
 05/03/08-80029-007 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, RICHARD L REV 8250 CONCORD BLVD, WEST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RHIM, HENRY T REV/DR 2968 BREVE DR JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GEORGE, CHARLES W 1743 NW 193RD STREET MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, KARL S 15800 NW 42ND AVENUE MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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