2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704467

FILED Mar 04, 2009 Secretary of State

Entity Name: FLORIDA MEMORIAL UNIVERSITY, INC.

Current Principal Place of Business: New Principal Place of Business:

15800 N.W. FORTY-SECOND AVE. 15800 N.W. FORTY-SECOND AVE.

MIAMI, FL 33054 MIAMI GARDENS, FL 33054

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-0668483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

WRIGHT, KARL S

15800 N.W. 42ND AVENUE

MIAMI, FL 33054 US

WRIGHT, KARL S

15800 N.W. 42ND AVENUE

MIAMI GARDENS, FL 33054 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: KARL S. WRIGHT, PRESIDENT 03/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 WILSON, RICHARD L REV
 Name:
 WILSON, RICHARD L REV

 Address:
 8250 CONCORD BLVD, WEST
 Address:
 3619 LYDIA ESTATES TERRACE

 City-St-Zip:
 JACKSONVILLE, FL 32208
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: TD () Delete Title: () Change () Addition

 Name:
 RHIM, HENRY T REV/DR
 Name:

 Address:
 2968 BREVE DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:

Title: CD () Delete Title: () Change () Addition

 Name:
 GEORGE, CHARLES W
 Name:

 Address:
 1743 NW 193RD STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33056
 City-St-Zip:

 Name:
 WRIGHT, KARL S
 Name:
 WRIGHT, KARL S

 Address:
 15800 NW 42ND AVENUE
 Address:
 15800 NW 42ND AVENUE

 City-St-Zip:
 MIAMI, FL 33054
 City-St-Zip:
 MIAMI GARDENS, FL 33054

 Title:
 () Delete
 Title:
 VC () Change (X) Addition

 Name:
 Name:
 RUFFIN, JOHN W JR

 Address:
 Address:
 9650 NW 42ND STREET

 City-St-Zip:
 City-St-Zip:
 CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KARL S. WRIGHT P 03/04/2009