


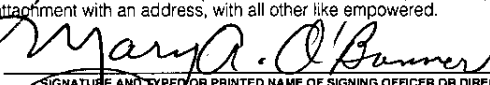
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90076 029 ****70.00

44025472



DOCUMENT # N03000000151					
1. Entity Name FLORIDA MEMORIAL COLLEGE FOUNDATION, INC.					
Principal Place of Business 15800 N.W. 42ND AVE MIAMI, FL 33054		Mailing Address 15800 N.W. 42ND AVE MIAMI, FL 33054			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 27-0045707	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'BANNER, MARY A DR 15800 N.W. 42ND AVE MIAMI, FL 33054			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEATTY, ROBERT G ESQ	NAME			
STREET ADDRESS	1 HERALD PLAZA, LEGAL OFFICE 6TH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	ExD/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'BANNER, MARY A	NAME			
STREET ADDRESS	15800 N.W. 42ND AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33054	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLEMAN, A.B. JR DR	NAME			
STREET ADDRESS	5660 MONCRIEF ROAD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RHIM, HENRY T DR	NAME			
STREET ADDRESS	2968 BREVE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIGGS, WILLIAM	NAME			
STREET ADDRESS	1121 SW 97TH AVE	STREET ADDRESS	16826 S.W. 39th Street		
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	CITY-ST-ZIP	Miramar, FL 33027		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, ALBERT E	NAME			
STREET ADDRESS	15800 N.W. 42ND AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33054	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Mary A. O'Banner		04/05/04 (305) 626-3612	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

Attachment
44025472

Additions to Officers and Directors

Document #N0300000151

Florida Memorial College Foundation, Inc.
FEI Number: 27-0045707

Title D
Name Eubanks, Gerald
Street Address 785 Viscaya Blvd.
City-St-Zip St. Augustine, FL 32086

Title S/D
Name George, Charles W.
Street Address 1743 N.W. 193rd Street
City-St-Zip Miami, FL 33056

Title D
Name Henderson, Donald M. Dr.
Street Address 11092 Longshore Way West
City-St-Zip Naples, FL 34119

Title D
Name Knox, George F. Esq.
Street Address 150 S.E. 2nd Avenue, Ste 900
City-St-Zip Miami, FL 33131

Title D
Name McNeill, Ann
Street Address 6600 N.W. 27th Avenue, Ste 208
City-St-Zip Miami, FL 33147

Title D
Name Serota, Joseph H. Esq.
Street Address 2665 South Bayshore Drive, Ste 420
City-St-Zip Miami, FL 33133

Title D
Name Smith, E. Ray
Street Address 17311 N.W. 47th Avenue
City-St-Zip Miami Gardens, FL 33055

Title D
Name Washington, Nathaniel Sr.
Street Address 7235 Dostie Drive, East
City-St-Zip Jacksonville, FL 32209

Title T/D
Name Wiggins, Paul R.
Street Address 401 East Las Olas Blvd., 9th floor
City-St-Zip Ft. Lauderdale, FL 33301

Title D
Name Wilson, Richard L. II
Street Address 7282 Arble Drive
City-St-Zip Jacksonville, FL 32211