

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2005  
Secretary of State**

DOCUMENT# N03000000151

Entity Name: FLORIDA MEMORIAL UNIVERSITY FOUNDATION, INC.

**Current Principal Place of Business:**

15800 N.W. 42ND AVE  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

15800 N.W. 42ND AVE  
MIAMI, FL 33054

**New Mailing Address:**

FEI Number: 27-0045707      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

O'BANNER, MARY A DR  
15800 N.W. 42ND AVE  
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: D      ( ) Delete  
Name: BEATTY, ROBERT G ESQ  
Address: 1 HERALD PLAZA, LEGAL OFFICE 6TH FLOOR  
City-St-Zip: MIAMI, FL 33132

Title: EXDD      ( ) Delete  
Name: O'BANNER, MARY A  
Address: 15800 N.W. 42ND AVE  
City-St-Zip: MIAMI, FL 33054

Title: D      ( ) Delete  
Name: COLEMAN, A.B. JR DR  
Address: 5660 MONCRIEF ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D      ( ) Delete  
Name: RHIM, HENRY T DR  
Address: 2968 BREVE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D      ( ) Delete  
Name: DIGGS, WILLIAM  
Address: 16826 S.W. 39TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: D      ( ) Delete  
Name: SMITH, ALBERT E  
Address: 15800 N.W. 42ND AVE  
City-St-Zip: MIAMI, FL 33054

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

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

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: MARY A O'BANNER

EXDD

04/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date