


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90834 042 ****70.00

DOCUMENT # N03000000151		
1. Entity Name FLORIDA MEMORIAL UNIVERSITY FOUNDATION, INC.		

Principal Place of Business 15800 N.W. 42ND AVE MIAMI GARDENS, FL 33054	Mailing Address 15800 N.W. 42ND AVE MIAMI GARDENS, FL 33054
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40092883



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04172007 Chg-NP CR2E037 (12/06)

4. FEI Number
27-0045707

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$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 GARDENS, 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 _____
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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXDD O'BANNER, MARY A 15800 N.W. 42ND AVE MIAMI GARDENS, FL 33054 <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 COLEMAN, A.B. JR DR 5660 MONCRIEF ROAD JACKSONVILLE, FL 32209 <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	D RHIM, HENRY T DR 2968 BREVE DRIVE 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	D DIGGS, WILLIAM 11380 N.W. 27TH AVENUE MIAMI, FL 33167 <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	D SMITH, ALBERT E 15800 N.W. 42ND AVE MIAMI GARDENS, FL 33054 <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	D Dickens, Sonja Esq. 200 Los Olas Blvd, Suite 1700 Ft. Lauderdale, FL 33301 <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: Mary A. O'Banner Mary A. O'Banner 04/25/07 305-626-3612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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Florida Memorial University Foundation, Inc.

FEI Number: 27-0045707

10. Officers and Directors

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

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

Title D
Name Jackson, Frederick Jr.
Street Address 13633 Deering Bay Drive, #235
City-St-Zip Coral Gables, FL 33158

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

Title D
Name Morris, Phillip B.
Street Address 12200 West Colonial Dr., Suite 102
City-St-Zip Winter Garden, FL 34787

Title VC/D
Name Ruffin, John Jr.
Street Address 3111 University Drive, Suite 1030
City-St-Zip Coral Springs, FL 33065

Title D (non-voting)
Name Serota, Joseph H. Esq.
Street Address 2525 Ponce De Leon Blvd, Suite 700
City-St-Zip Coral Gables, FL 33134

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

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

Title D
Name Waters, Elbert L.
Street Address 8211 W. Broward Blvd., Ph #3
City-St-Zip Plantation, FL 33324

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Florida Memorial University Foundation, Inc.

FEI Number: 27-0045707

10. Officers and Directors (continued)

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

Title	D
Name	Wright, Karl
Street Address	15800 N.W. 42nd Avenue
City-St-Zip	Miami Gardens, FL 33054