

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90014 002 \*\*\*\*61.25



**DOCUMENT # N04000007891**  
 1. Entity Name  
**FLORIDA MEMORIAL UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 15800 FLORIDA MEMORIAL COLLEGE AVE      15800 FLORIDA MEMORIAL COLLEGE AVE  
 MIAMI FL 33054      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

1st MOORE      CR2E037 (10/05)

6. Name and Address of Current Registered Agent  
**EDWARDS, BARBARA J**  
**15800 FLORIDA MEMORIAL COLLEGE AVE**  
**MIAMI FL 33054**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing)  
 Signature, typed or printed name of registered agent and title if applicable      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, E. RAY</b>	
STREET ADDRESS	<b>15800 FLORIDA MEMORIAL COLLEGE AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WEATHERINGTON, WALTER O</b>	
STREET ADDRESS	<b>15800 FLORIDA MEMORIAL COLLEGE AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, KATHERELL</b>	
STREET ADDRESS	<b>15800 FLORIDA MEMORIAL COLLEGE AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BOLDEN, CHARLES</b>	
STREET ADDRESS	<b>15800 FLORIDA MEMORIAL COLLEGE AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33054</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *E. Ray Smith*