


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90085 029 \*\*\*\*61.25

<b>DOCUMENT # N0400007891</b>			
1. Entity Name <b>FLORIDA MEMORIAL UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.</b>			
Principal Place of Business <b>15800 FLORIDA MEMORIAL COLLEGE AVE MIAMI, FL 33054</b>		Mailing Address <b>15800 FLORIDA MEMORIAL COLLEGE AVE MIAMI, FL 33054</b>	
2. Principal Place of Business - Not P.O. Box # <b>15800 NW 42<sup>nd</sup> AVE.</b>		3. Mailing Address <b>15800 NW 42<sup>nd</sup> AVE.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami Gardens FL</b>		City & State <b>Miami Gardens FL</b>	
Zip <b>33054</b>		Zip <b>33054</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-0668483</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>EDWARDS; BARBARA J 15800 FLORIDA MEMORIAL COLLEGE AVE MIAMI, FL 33054</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reissuing)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, E. RAY</b> <b>15800 FLORIDA MEMORIAL COLLEGE AVE</b> <b>MIAMI, FL 33054</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WEATHERINGTON, WALTER O</b> <b>15800 FLORIDA MEMORIAL COLLEGE AVE</b> <b>MIAMI, FL 33054</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MORRISON, KATHERELL</b> <b>15800 FLORIDA MEMORIAL COLLEGE AVE</b> <b>MIAMI, FL 33054</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BOLDEN, CHARLES</b> <b>15800 FLORIDA MEMORIAL COLLEGE AVE</b> <b>MIAMI, FL 33054</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <i>E. Ray Smith</i>		Date: <i>25 May 07</i> (786) 295-9738	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

