


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90016 042 ****70.00

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1. Entity Name
FLORIDA MEMORIAL UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.



40110163



06172008 Chg-NP CR2E037 (12/06)

Principal Place of Business
**15800 NW 42ND AVE
 MIAMI GARDENS, FL 33054**

Mailing Address
**15800 NW 42ND AVE
 MIAMI GARDENS, FL 33054**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
59-0668483


Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **Hutcherson III SUMNER**
 Street Address (P.O. Box Number is Not Acceptable)
**Florida Memorial University
 15800 Northwest 42ND AVENUE
 City **Miami Gardens FL Zip Code **33054******

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 **6/25/08**

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 September 12, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, E. RAY 15800 NW 42ND AVENUE MIAMI GARDENS, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEATHERINGTON, WALTER O 15800 NW 42ND AVENUE MIAMI GARDENS, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRISON, KATHERELL 15800 NW 42ND AVENUE MIAMI GARDENS, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLDEN, CHARLES 15800 NW 42ND AVENUE MIAMI GARDENS, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Coney, HAREEM 17210 Northwest 64th AVENUE Apt. 211 Hialeah, Florida 33015-6325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Williams, LAWANDA J. 12940 Northwest 20th AVENUE MIAMI GARDENS, Florida 33167-1412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Wright, Debra 2575 Gerber Dairy Road WINTER HAVEN, Florida 33880-5655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER McNeill, Elizabeth A. 19201 East Oakmont Drive Hialeah, Florida 33015-2003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **6/17/08** DAYTIME PHONE # **305-626-3637**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #