


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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

Principal Place of Business 15800 NW 42ND AVE MIAMI GARDENS, FL 33054	Mailing Address 15800 NW 42ND AVE MIAMI GARDENS, FL 33054
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40110163



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

06172008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0668483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 HUTCHESON III SUMNER	
Street Address (P.O. Box Number is Not Acceptable) FLORIDA MEMORIAL UNIVERSITY	
15800 Northwest 42nd Avenue	
City Miami Gardens	FL 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 *[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. <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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SMITH, E. RAY 15800 NW 42ND AVENUE MIAMI GARDENS, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP WEATHERINGTON, WALTER O 15800 NW 42ND AVENUE MIAMI GARDENS, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S MORRISON, KATHERELL 15800 NW 42ND AVENUE MIAMI GARDENS, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T BOLDEN, CHARLES 15800 NW 42ND AVENUE MIAMI GARDENS, FL 33054
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President CONEY, KAREEM 17210 Northwest 64th Avenue Apt. 211 Hialeah, Florida 33015-6325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Williams, LORANDA J. 12940 Northwest 20th Avenue MIAMI GARDENS, Florida 33167-1412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Wright, Debra 2575 Gerber Dairy Road Winter Haven, Florida 33880-5655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER McNeill, Elizabeth A. 19201 East Oakmont Drive Hialeah, Florida 33015-2003
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: *[Signature]* DATE 6/17/08 DAYTIME PHONE # 305-626-3637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR