

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007891

FILED
Jun 25, 2009
Secretary of State

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

Current Principal Place of Business:

15800 NW 42ND AVE
MIAMI GARDENS, FL 33054

New Principal Place of Business:

Current Mailing Address:

15800 NW 42ND AVE
MIAMI GARDENS, FL 33054

New Mailing Address:

FEI Number: 59-0668483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUTCHISON, SUMNER III
15800 FLORIDA MEMORIAL COLLEGE AVE
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

HUTCHESON, SUMNER III
15800 FLORIDA MEMORIAL COLLEGE AVE
MIAMI, FL 33054 US

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.

SIGNATURE: MR. SUMNER HUTCHESON, III

06/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONEY, KAREEM
Address: 17210 NORTHWEST 64TH AVE APT 211
City-St-Zip: HIALEAH, FL 33015

Title: VP () Delete
Name: WILLIAMS, LAWANDA J
Address: 12940 NORTHWEST 20TH AVE
City-St-Zip: MIAMI, FL 33167

Title: S () Delete
Name: WRIGHT, DEBRA
Address: 2575 GERBER DAIRY ROAD
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: MCNEILL, ELIZABETH A
Address: 19201 EAST OAKMONT DRIVE
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR. SUMNER HUTCHESON, III

VP

06/25/2009

Electronic Signature of Signing Officer or Director

Date