

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007891

FILED  
Apr 19, 2011  
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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ADRIENE B. WRIGHT  
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: A B WRIGHT

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONEY, KAREEM  
Address: 2738 NW 199TH TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP  
Name: WRIGHT, DEBRA  
Address: 2575 GERBER DAIRY ROAD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: S  
Name: KINETRAI, KELLY-TRUITT  
Address: 678 SKYRIDGE ROAD  
City-St-Zip: CLERMONT, FL 33186

Title: T  
Name: SHARON, HEATH A  
Address: 2971 NW 151ST TERRACE  
City-St-Zip: OPA LOCKA, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: A B WRIGHT

VP

04/19/2011

Electronic Signature of Signing Officer or Director

Date