

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000000911 (4)

1. Corporation Name
 FLORIDA MEMORIAL COLLEGE NATIONAL ALUMNI ASSOCIATION, INC.

99 FEB 16 AM 10:23



Principal Place of Business Mailing Address

15800 NORTHWEST 42ND AVE. OPA LOCKA FL 33064

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3. Date Incorporated or Qualified
 02/18/1997

4. FEI Number
 59-323 0209

Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

JACKSON-HOLMES, FLORA
 10735 NORTHWEST 7TH AVE.
 MIAMI FL 33168

REINSTATEMENT

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: *William C. McCormick* DATE: 12/4/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WIGGINS, PAUL	1.2 NAME	MCCORMICK WILLIAM
STREET ADDRESS	10216 MILLPORT DRIVE	1.3 STREET ADDRESS	4951 NW 86TH TERR
CITY-ST-ZIP	TAMPA FL 33626	1.4 CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	VD	2.1 TITLE	VD
NAME	WETHERINGTON, WALTER	2.2 NAME	DAVIS, GEORGE
STREET ADDRESS	12110 KINGS ARROW STREET	2.3 STREET ADDRESS	1121 SW 172 AVE
CITY-ST-ZIP	WASHINGTON DC 20721	2.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	TD	3.1 TITLE	TD
NAME	CLARKSON, CAROLYN	3.2 NAME	WILLIAMS, JAMES
STREET ADDRESS	19532 NORTHWEST 38TH COURT	3.3 STREET ADDRESS	900 NW 141 AVE #103
CITY-ST-ZIP	MIAMI FL 33055	3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	SD	4.1 TITLE	SD
NAME	VINE-MALONE, DWAN	4.2 NAME	BENJAMIN, CHRISTOPHER
STREET ADDRESS	903 BUTTWOOD AVE.	4.3 STREET ADDRESS	16400 NW 32 AVE M-19
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	4.4 CITY-ST-ZIP	MIAMI, FL 33054
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William C. McCormick* DATE: 12/4/98 DAYTIME PHONE #: 954 747-7477

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CR2E037 (5/98)