

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704467

**Entity Name:** FLORIDA MEMORIAL UNIVERSITY, INC.

**Current Principal Place of Business:**

15800 N.W. FORTY-SECOND AVE.  
MIAMI GARDENS, FL 33054

**Current Mailing Address:**

15800 N.W. FORTY-SECOND AVE.  
MIAMI GARDENS, FL 33054

**FEI Number:** 59-0668483

**Certificate of Status Desired:** Yes

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

ARTIS, ROSLYN C DR.  
15800 N.W. 42ND AVENUE  
MIAMI GARDENS, 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:** DR. ROSLYN C. ARTIS

03/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name HORD, HORACE C JR.  
Address 4581 WESTON ROAD  
SUITE 370  
City-State-Zip: WESTON FL 33331

Title TD  
Name RHIM, HENRY T DR.  
Address 2968 BREVE DR  
City-State-Zip: JACKSONVILLE FL 32209

Title CD  
Name GEORGE, CHARLES W  
Address 1743 NW 193RD STREET  
City-State-Zip: MIAMI FL 33056

Title IP  
Name ARTIS, ROSLYN C DR.  
Address 15800 NW 42ND AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title VC  
Name RUFFIN, JOHN W JR.  
Address 9650 NW 42ND STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title FIRST VC  
Name HERRING, JOLINDA  
Address 15800 N.W. FORTY-SECOND AVE.  
City-State-Zip: MIAMI GARDENS 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:** ROSLYN C ARTIS

**PRESIDENT**

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date