

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704467

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

**Current Principal Place of Business:**

15800 NW 42ND AVENUE  
MIAMI GARDENS, FL 33054

**Current Mailing Address:**

15800 NW 42ND AVENUE  
MIAMI GARDENS, FL 33054 US

**FEI Number:** 59-0668483

**Certificate of Status Desired:** No

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

WEISS SEROTA HELFMAN COLE & BIERMAN, P.L.  
2525 PONCE DE LEON BOULEVARD  
SUITE 700  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title TREASURER  
Name WEATHERINGTON, WALTER  
Address 200 CONSTITUTION AVENUE, NW  
ROOM N4470  
City-State-Zip: WASHINGTON DC 20210

Title CHAIR  
Name HERRING, JOLINDA L.  
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 P  
Name HARDRICK, JAFFUS  
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:** JOLINDA HERRING

**BOARD CHAIR**

**04/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date