

**2022 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:** Yes

**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 SMITH, E. RAY  
Address 17311 NW 47TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33055

Title CHAIR  
Name MCCORMICK, WILLIAM  
Address 5701 NW 88TH AVENUE  
SUITE 370  
City-State-Zip: TAMARAC FL 33321

Title VC  
Name WEATHERINGTON, WALTER  
Address P.O. BOX 2107  
City-State-Zip: BOWIE MD 20716

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:** JAFFUS HARDRICK

**PRESIDENT**

**02/08/2022**

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

\_\_\_\_\_  
Date