

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007891

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**3040156952CC**

**Entity Name:** FLORIDA MEMORIAL UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

15800 NW 42ND AVE  
MIAMI GARDENS, FL 33054

**Current Mailing Address:**

15800 NW 42ND AVE  
MIAMI GARDENS, FL 33054

**FEI Number: 59-0668483**

**Certificate of Status Desired: No**

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

WILLIAMS, DAVICA  
15800 NW 42ND AVE  
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: DAVICA WILLIAMS**

**01/23/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCMILLON, BRITTANY  
Address        6650 CORPORATE CENTER PKWY  
                  #1412  
City-State-Zip: JACKSONVILLE FL 32216

Title            VICE PRESIDENT, VP  
Name            STARKS, DR. LISA  
Address        3301 SW 64TH AVE  
City-State-Zip: MIRAMAR FL 33023

Title            SECRETARY  
Name            CARTER, GLENN  
Address        42 NORWOOD DRIVE  
City-State-Zip: PENSACOLA FL 32506

Title            TREASURER  
Name            CHANDLER, DOMINIQUE DR.  
Address        7951 RIVIERA BLVD  
                  SUITE 309  
City-State-Zip: MIRAMAR FL 33023

Title            PARLIAMENTARIAN  
Name            GLOVER, JEFFREY  
Address        3558 SW 91ST WAY  
City-State-Zip: MIRAMAR FL 33025

Title            SCHOLARSHIP CHAIRPERSON  
Name            STEVENSON, SUHAILAH SR.  
Address        4120 POTOMAC HIGHLANDS CIR  
City-State-Zip: TRIANGLE VA 22172

Title            CHAPLAIN  
Name            MARSHALL, DR. LAWRENCE  
Address        P.O. BOX 440606  
City-State-Zip: CHICAGO IL 60644

Title            PUBLIC RELATIONS  
Name            NORRIS, ZION  
Address        2420 NW 6TH ST.  
City-State-Zip: POMPANO BEACH FL 33069

**Continues on page 2**

*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: DAVICA WILLIAMS**

**DIRECTOR**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ALUMNI AFFAIRS DIRECTOR  
Name DAVICA, WILLIAMS  
Address 15800 NW 42ND AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054