

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007891

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**4786291646CC**

**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:**

POWELL COHEN, SHELIA  
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: SHELIA POWELL COHEN**

**03/19/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HILL, ROCHELLE  
Address 847 NE 145TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title 1ST VICE PRESIDENT  
Name BAIN, WILLETТА  
Address 780 NW 178TH TERRACE  
City-State-Zip: MIAMI FL 33169-4747

Title S  
Name BECKFORD, MARGO  
Address 815 NW 50TH STREET  
City-State-Zip: MIAMI FL 33127

Title T  
Name WRIGHT, ROSENA DR.  
Address 2551 ATLANTIC AVENUE  
City-State-Zip: OPA-LOCKA FL 33054

Title FINANCIAL SECRETARY  
Name RODNEY, MARSH  
Address 5080 SW 141ST AVWENUE  
City-State-Zip: MIRAMAR FL 33027

Title PARLIAMENTARIAN  
Name JONES, SHARON V.  
Address 9315 NW 14 AVENUE  
City-State-Zip: MIAMI FL 33147

Title 2ND VICE PRESIDENT  
Name HILL, TYRONE SR.  
Address 847 NE 145TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title CHAPLAIN  
Name ROBINSON, NATHANIEL  
Address 5675 ROSWELL ROAD APT #53J  
City-State-Zip: ATLANTA GA 30342

*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: ROCHELLE HILL**

**PRESIDENT**

**03/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date