

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007891

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**4828686546CC**

**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**

**01/27/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VICE PRESIDENT, VP  
Name            MCMILLON, BRITTANY  
Address        1113 PALMER RD APT 12  
City-State-Zip: FORT WASHINGTON MD 20744

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

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

Title            MEMBERSHIP CHAIRPERSON  
Name            ROBINSON, DR. EDWARD  
Address        1265 NW 91ST STREET  
City-State-Zip: MIAMI FL 33147

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

Title            SCHOLARSHIP CHAIRPERSON  
Name            HILL, TYRONE SR.  
Address        847 NE 145TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title            CHAPLAIN  
Name            ROBINSON, NATHANIEL  
Address        3680 THOMAS AVENUE  
City-State-Zip: MIAMI FL 33133

*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**

**01/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date