

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011510

**Entity Name:** FLORIDA MEMORIAL UNIVERSITY FOUNDATION, 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:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

WEISS SEROTA HELFMAN COLE & BIERMAN, P.L.  
2525 PONCE DE LEON BLVD STE 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:** EDUARDO SOTO

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name J. MEGAN, KELLY  
Address 15800 NW 42ND AVE  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name CURRY, CYNTHIA  
Address 15800 NW 42ND AVE  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name GEORGE, CHARLES W  
Address 15800 NW 42ND AVE  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name HERRING, JOLINDA L  
Address 15800 NW 42ND AVE  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name SMITH, MICHAEL  
Address 15800 NW 42ND AVE  
City-State-Zip: MIAMI GARDENS FL 33054

Title DIRECTOR  
Name WEATHERINGTON, WALT  
Address 15800 NW 42ND 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:** CYNTHIA W. CURRY

EX. VICE PRESIDENT

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date