

**2021 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 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**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

04/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR, VC  
Name WEATHERINGTON, WALT  
Address 15800 NW 42ND AVE  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name HARDRICK, JAFFUS DR.  
Address 15800 NW 42ND AVE  
City-State-Zip: MIAMI GARDENS FL 33054

Title DIRECTOR, CHAIRMAN  
Name GEORGE, CHARLES W  
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:** JOLINDA HERRING

**DIRECTOR**

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date