

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

DOCUMENT# N20000001044

**Entity Name:** SOUTH DADE CHAPTER - FMU ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

26460 SW 142ND AVE RD  
304  
HOMESTEAD, FL 33032

**Current Mailing Address:**

P.O. BOX 566282  
PINECREST, FL 33256 US

**FEI Number:** 84-4523941

**Certificate of Status Desired:** No

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

WILLIS-GILMORE, TIFFANY  
26460 SW 142ND AVE RD  
304  
HOMESTEAD, FL 33032 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name WILLIS-GILMORE, TIFFANY  
Address 26460 SW 142ND AVE RD, #304  
City-State-Zip: HOMESTEAD FL 33032

Title VP  
Name BROOKS, VERNON  
Address 10654 SW 186TH STREET  
City-State-Zip: CUTLER BAY FL 33157

Title TREA  
Name DOBYNES, ZEFONIC  
Address 106 VERONA PLACE  
City-State-Zip: DAVENPORT FL 33897

*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:** TIFFANY WILLIS-GILMORE

**PRESIDENT**

**02/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date