

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000009620

**Entity Name:** FLORIDA MEMORIAL UNIVERSITY SOUTH BROWARD ALUMNI  
CHAPTER INCORPORATED

**FILED**  
**Mar 09, 2024**  
**Secretary of State**  
**9039289507CC**

**Current Principal Place of Business:**

5001 SW 150 TERR  
MIRAMAR, FL 33027

**Current Mailing Address:**

5001 SW 150 TERR  
MIRAMAR, FL 33027 US

**FEI Number: 88-3845824**

**Certificate of Status Desired: No**

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

WHITE-TWIGGS, ROBIN L  
15839 NW 10TH STREET  
PEMBROKE PINES, FL 33028 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 VP  
Name WHITE-TWIGGS, ROBIN  
Address 15839 NW 10TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title P  
Name WILLIAMS, KELVIN  
Address 5001 SW 150TH TERRACE  
City-State-Zip: MIRAMAR FL 33027

Title S  
Name MONESTINE, JANICE  
Address 3108 CANAL ROAD  
City-State-Zip: MIRAMAR FL 33025

Title T  
Name DORA, MICHAEL  
Address 1980 NE 24TH AVE., #A  
City-State-Zip: POMPANO BEACH FL 33062

Title C  
Name LANE -PIERRE, GARNIKA  
Address 4600 SW 19TH STREET  
City-State-Zip: WEST PARK FL 33023

*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: ROBIN WHITE-TWIGGS**

**VP**

**03/09/2024**

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

\_\_\_\_\_  
Date