

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001876

FILED
Mar 29, 2012
Secretary of State

Entity Name: FOOD AND MEDICINE TRAIN NETWORK, INC.

Current Principal Place of Business:

1148 NW 134TH AVE.
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1148 NW 134TH AVE.
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 27-1999118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAPTISTE, LUCETTE C
1148 NW 134TH AVE.
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD
Name: BAPTISTE, LUCETTE C
Address: 1148 NW 134TH AVE.
City-St-Zip: SUNRISE, FL 33323

Title: TD
Name: BAPTISTE, BELLO
Address: 1148 NW 134TH AVE.
City-St-Zip: SUNRISE, FL 33323

Title: S
Name: DESIR, JOHN
Address: 1148 NW 134TH AVE
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: WILLIAMS, STANLEY
Address: 411 N. NEW RIVER DR. EAST #502
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D
Name: BLANCHARD, ARNOUX
Address: 1600 S. ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D
Name: CASIMIR, CARMELLE
Address: 6800 KIMBERLY BLVD.
City-St-Zip: N. LAUDERDALE, FL 33068

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: LUCETTE BAPTISTE

CD

03/29/2012

Electronic Signature of Signing Officer or Director

Date