

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001876

Entity Name: FOOD AND MEDICINE TRAIN NETWORK, INC.

Current Principal Place of Business:

1148 NW 134TH AVE.
SUNRISE, FL 33323

Current Mailing Address:

1148 NW 134TH AVE.
SUNRISE, FL 33323

FEI Number: 27-1999118

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

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

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

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

Title D
Name CASIMIR, CARMELLE
Address 6800 KIMBERLY BLVD.
City-State-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 C BAPTISTE

P

01/14/2022

Electronic Signature of Signing Officer/Director Detail

Date