

2018 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**C****05/12/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date