

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001876

**FILED  
Jul 25, 2020  
Secretary of State  
1602826694CC**

**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 BAPTISTE**

**C**

**07/25/2020**

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

\_\_\_\_\_  
Date