### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001876

Entity Name: FOOD AND MEDICINE TRAIN NETWORK, INC.

FILED
Mar 30, 2015
Secretary of State
CC1735292413

# **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 Title TD

NameBAPTISTE, LUCETTE CNameBAPTISTE, BELLOAddress1148 NW 134TH AVE.Address1148 NW 134TH AVE.City-State-Zip:SUNRISE FL 33323City-State-Zip:SUNRISE FL 33323

Title S Title D

Name DESIR, JOHN Name WILLIAMS, STANLEY

Address 1148 NW 134TH AVE Address 411 N. NEW RIVER DR. EAST #502
City-State-Zip: SUNRISE FL 33323 City-State-Zip: FT. LAUDERDALE FL 33301

Title D Title D

NameBLANCHARD, ARNOUXNameCASIMIR, CARMELLEAddress1600 S. ANDREWS AVE.Address6800 KIMBERLY BLVD.City-State-Zip:FT. LAUDERDALE FL 33301City-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.

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SIGNATURE: LUCETTE C BAPTISTE

03/30/2015