

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006624

**Entity Name:** FOUNDATION FOR ADVANCED NARCOTICS TRAINING, INC.

**Current Principal Place of Business:**

345 BAYSHORE BLVD. #611  
TAMPA, FL 33606

**Current Mailing Address:**

POB 2104  
LUTZ, FL 33548 US

**FEI Number:** 26-0970904

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KELLEY, SHARON S  
345 BAYSHORE BLVD.  
#611  
TAMPA, FL 33606 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            CEO  
Name            KELLEY, SHARON S  
Address        POB 2104  
City-State-Zip: LUTZ FL 33548

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:** SHARON S KELLEY

CEO

04/14/2017

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

\_\_\_\_\_  
Date