

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000003105

Entity Name: FLORIDA EDUCATIONAL RESEARCH AND TRAINING
INSTITUTE, INC**FILED**
Apr 27, 2021
Secretary of State
6960504244CC**Current Principal Place of Business:**15871 SW 49TH CT.
MIRAMAR, FLORIDA, AL 33027**Current Mailing Address:**11501 WILLOW STREAM CT
303
LOUISVILLE, KY 40299 US**FEI Number: 47-3513888****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BASDEN, ALASTAIR S
11501 WILLOW STREAM CT
303
LOUISVILLE, FL 40299 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	P
Name	BASDEN, ALASTAIR S.
Address	11501 WILLOW STREAM CT 303
City-State-Zip:	LOUISVILLE KY 40299

Title	RESEARCH ASSISTANT
Name	BASDEN, ALASTAIR S. DR.
Address	11501 WILLOW STREAM CT 303
City-State-Zip:	LOUISVILLE KY 40299

Title	SECR
Name	BASDEN, ALASTAIR S.
Address	11501 WILLOW STREAM CT 303
City-State-Zip:	LOUISVILLE KY 40299

Title	T
Name	BASDEN, ALASTAIR S.
Address	11501 WILLOW STREAM CT 303
City-State-Zip:	LOUISVILLE KY 40299

Title	T
Name	BASDEN, ALASTAIR S.
Address	11501 WILLOW STREAM CT 303
City-State-Zip:	LOUISVILLE KY 40299

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: ALASTAIR S. BASDEN**PRESIDENT****04/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date