

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

DOCUMENT# N15000003105

**Entity Name:** FLORIDA EDUCATIONAL RESEARCH AND TRAINING INSTITUTE, INC

**FILED  
Apr 13, 2017  
Secretary of State  
CC0452413594**

**Current Principal Place of Business:**

15871 SW 49TH CT.  
MIRAMAR, FLORIDA, AL 33027

**Current Mailing Address:**

P O BOX 279462  
MIRAMAR,, FL 33027 US

**FEI Number: 47-3513888**

**Certificate of Status Desired: No**

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

BASDEN, ALASTAIR S  
15871 SW 49TH CT.  
MIRAMAR, FL 33027 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 P O BOX 279462  
City-State-Zip: MIRAMAR FL 33027

Title RESEARCH ASSISTANT  
Name BURTON, CHARLES DR.  
Address P O BOX 279462  
City-State-Zip: MIRAMAR FL 33027

Title SECR  
Name DAVIS, SUSAN  
Address P O BOX 279462  
City-State-Zip: MIRAMAR FL 33027

Title T  
Name KAYODE, ADESHIN  
Address P O BOX 279462  
City-State-Zip: MIRAMAR FL 33027

Title T  
Name BROWN, BARRY  
Address P O BOX 279462  
City-State-Zip: MIRAMAR FL 33027

*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**

**04/13/2017**

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

\_\_\_\_\_  
Date