

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003105

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

**FILED**  
**Mar 26, 2018**  
**Secretary of State**  
**CC0490336374**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

12185 PEMBROKE RD.  
PEMBROKE PINES, FL 33025 US

**FEI Number: 47-3513888**

**Certificate of Status Desired: No**

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

BASDEN, ALASTAIR S  
12185 PEMBROKE RD.  
PEMBROKE PINES, FL 33025 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 12185 PEMBROKE RD.  
City-State-Zip: PEMBROKE PINES FL 33025

Title RESEARCH ASSISTANT  
Name BURTON, CHARLES DR.  
Address 12185 PEMBROKE RD.  
City-State-Zip: PEMBROKE PINES FL 33025

Title SECR  
Name DAVIS, SUSAN  
Address 12185 PEMBROKE RD.  
City-State-Zip: PEMBROKE PINES FL 33025

Title T  
Name KAYODE, ADESHIN  
Address 12185 PEMBROKE RD.  
City-State-Zip: PEMBROKE PINES FL 33025

Title T  
Name BROWN, BARRY  
Address 12185 PEMBROKE RD.  
City-State-Zip: PEMBROKE PINES FL 33025

*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**

**03/26/2018**

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

\_\_\_\_\_  
Date