

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000043

**Entity Name:** FAMILY ACTION NETWORK MOVEMENT, INC.

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**5819809690CC**

**Current Principal Place of Business:**

100 NE 84 ST  
SUITE 150  
MIAMI, FL 33138

**Current Mailing Address:**

100 NE 84 ST  
SUITE 150  
MIAMI, FL 33138 US

**FEI Number:** 65-0334201

**Certificate of Status Desired:** No

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

BASTIEN, MARLEINE  
100 NE 84 ST  
SUITE 150  
MIAMI, FL 33138 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:** MARLEINE BASTIEN

05/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name AURELIEN, SOLANGE  
Address 100 NE 84 STREET  
SUITE 150  
City-State-Zip: MIAMI FL 33138

Title P/CHAIR  
Name WOODSON, MARIE P  
Address 100 N.E. 84TH ST., STE. 150  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name MALIVERT, RHODE  
Address 100 NE 84 ST  
SUITE 150  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name MONDESIR, JEFF  
Address 100 NE 84 ST  
SUITE 150  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name TILUS, EVELYNE  
Address 100 NE 84 ST  
SUITE 150  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name MIRVILLE, NAHOMIE  
Address 100 NE 84 ST  
SUITE 150  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name LIEBERMAN, MARILYN  
Address 100 NE 84 ST  
SUITE 150  
City-State-Zip: MIAMI FL 33138

Title EXECUTIVE DIRECTOR  
Name BASTIEN, MARLEINE  
Address 100 NE 84 ST, , SUITE 150  
City-State-Zip: MIAMI FL 33138

*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:** MARLEINE BASTIEN

**EXECUTIVE DIRECTOR**

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date