

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

01-27-2004 90005 029 ****61.25

DOCUMENT # 765984

1. Entity Name
**DIRECT ACTION AND RESEARCH TRAINING CENTER,
INC.**



Principal Place of Business
**C/O JOHN A. CALKINS
314 N.E. 26TH TERRACE
MIAMI, FL 33137 US**

Mailing Address
**C/O JOHN A. CALKINS
POST OFFICE BOX 370791
MIAMI, FL 33137-791 US**

66401341



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2244743

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CALKINS, JOHN A.
314 N.E. 26TH TERRACE
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature not filed when naming only)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	CLEAR, HUGH
STREET ADDRESS	7116 SW 110 AVE
CITY-STATE-ZIP	MIAMI, FL 33173
TITLE	PD
NAME	SCHOFIELD, CALVIN BISHOP
STREET ADDRESS	8195 SW 151 ST
CITY-STATE-ZIP	MIAMI, FL 33158
TITLE	TO
NAME	ROBERT DR
STREET ADDRESS	FIU 2A 307 FIU 0A307
CITY-STATE-ZIP	MIAMI, FL 33199
TITLE	SD
NAME	HANSON, BRUCE- BRUCE
STREET ADDRESS	78 NEWELL ROAD
CITY-STATE-ZIP	YARMOUTH, ME 04096
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Calkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A Calkins 1/16/04 305-576-8020
Date Daytime Phone #

Attachment
765984 *00401341*
Direct Action and Research Training Center, Inc.

314 N. E. 28th Terrace Miami, Florida
mailing address: P.O. Box 370791
Miami, FL 33137-0791
(305) 576-8020

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8195 SW 151 St.
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305-238-7416
calchof@earthlink.net

Vice President

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Treasurer

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ptom@ctr.pcusa.org

Corrected Attachment 66401341
#765984

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