#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 765984** 

Entity Name: DIRECT ACTION AND RESEARCH TRAINING CENTER, INC.

**FILED** Jan 11, 2016 **Secretary of State** CC1767489681

## **Current Principal Place of Business:**

C/O HOLLY HOLCOMBE 9401 BISCAYNE BLVD 215-216 MIAMI SHORES, FL 33138

# **Current Mailing Address:**

C/O HOLLY HOLCOMBE POST OFFICE BOX 382036 MIAMI, FL 33238 US

FEI Number: 59-2244743 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

HOLCOMBE, HOLLY D 9401 BISCAYNE BLVD 215-216

MIAMI SHORES, 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: HOLLY HOLCOMBE 01/11/2016

> Date Electronic Signature of Registered Agent

> > Title

Officer/Director Detail:

Name

Title Title **TSD** 

Name OWENS, JOSEPH PASTOR Name HANSON, BRUCE 237 E 5TH ST 4977 BATTERY LN Address Address

#711 City-State-Zip: LEXINGTON KY 40508

City-State-Zip: BETHESDA MD 20814

Title **VPD** Title D. SCALES, LAFAYETTE APOSTLE

Name TAPP, JOHN FATHER

RHEMA CHRISTIAN CENTER Address Address NATIVITY CATHOLIC CHURCH 2100 AGLER ROAD

705 E BRANDON BLVD

COLUMBUS OH 43224

City-State-Zip: City-State-Zip: BRANDON FL 33511

Title D

Name YOUNG, KAMMY REV Name LUCKEY, RON REV

UNIVERSITY OF THE SOUTH Address 3717 STOLEN HORSE TRACE Address 355 TENNESSEE AVE

City-State-Zip: LEXINGTON KY 40509 City-State-Zip: SEWANEE TN 37383

Title Title

HAVENS, BRUCE REV Name Name YOUNG, FLORETTE MRS Address 431 UNIVERSITY BLVD Address 3801 KINGFISH DR SE ARLINGTON CONGREGATIONAL

ST PETERSBURG FL 33705 City-State-Zip:

**CHURCH** 

SD

City-State-Zip: JACKSONVILLE FL 32211

### Continues on page 2

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.

01/11/2016 SIGNATURE: HOLLY HOLCOMBE DIRECTOR ASSOCIATE

# Officer/Director Detail Continued:

Title D Title D

Name HOFFMANN, CHRIS FR Name DARBY, JOE REV

Address 4675 S CLYDE MORRIS BLVD Address PRESIDING ELDER BEAUFORT DISTRICT, AME

City-State-Zip: PORT ORANGE FL 32129 City-State-Zip: CHARLESTON SC