

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765984

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

01/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	OWENS, JOSEPH PASTOR
Address	237 E 5TH ST
City-State-Zip:	LEXINGTON KY 40508
Title	TREASURER
Name	TAPP, JOHN FATHER
Address	NATIVITY CATHOLIC CHURCH 705 E BRANDON BLVD
City-State-Zip:	BRANDON FL 33511
Title	VP
Name	LUCKEY, RON REV
Address	3717 STOLEN HORSE TRACE
City-State-Zip:	LEXINGTON KY 40509
Title	DIRECTOR
Name	HOFFMANN, CHRIS FR
Address	4675 S CLYDE MORRIS BLVD OUR LADY OF HOPE
City-State-Zip:	PORT ORANGE FL 32129

Title	PRESIDENT
Name	SCALES, LAFAYETTE APOSTLE
Address	RHEMA CHRISTIAN CENTER 2100 AGLER ROAD
City-State-Zip:	COLUMBUS OH 43224
Title	DIRECTOR
Name	YOUNG, KAMMY REV
Address	UNIVERSITY OF THE SOUTH 355 TENNESSEE AVE
City-State-Zip:	SEWANEE TN 37383
Title	DIRECTOR
Name	YOUNG, FLORETTE MRS
Address	3801 KINGFISH DR SE
City-State-Zip:	ST PETERSBURG FL 33705
Title	DIRECTOR
Name	DARBY, JOE REV
Address	PRESIDING ELDER BEAUFORT DISTRICT, AME
City-State-Zip:	CHARLESTON SC

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.

SIGNATURE: HOLLY HOLCOMBE**REGISTERED AGENT**

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RIVERS, III, NELSON REV
Address	SR.PASTOR, CHARITY BAPTIST CHURCH 1544 E MANTAGUE AVE
City-State-Zip:	NORTH CHARLESTON SC 29405