2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765984

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

FILED
Jan 23, 2019
Secretary of State
0798507625CC

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 01/23/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title PRESIDENT, CHAIRPERSON

Name OWENS, JOSEPH PASTOR Name SCALES, LAFAYETTE APOSTLE

Address 237 E 5TH ST Address RHEMA CHRISTIAN CENTER

City-State-Zip: LEXINGTON KY 40508

City-State-Zip: COLUMBUS OH 43224

Title TREASURER Title SECRETARY

Name TAPP, JOHN FATHER Name YOUNG, KATHRYN REV

Address NATIVITY CATHOLIC CHURCH
705 E BRANDON BLVD Address 302 N REUS ST

City-State-Zip: BRANDON FL 33511 City-State-Zip: PENSACOLA FL 32501

Title VP Title DIRECTOR

Name LUCKEY, RON REV Name YOUNG, FLORETTE MRS
Address 3717 STOLEN HORSE TRACE Address 3801 KINGFISH DR SE

City-State-Zip: LEXINGTON KY 40509 City-State-Zip: ST PETERSBURG FL 33705

Title DIRECTOR Title DIRECTOR

Name HOFEMANN CHRISTOPHER FR Name CALKINS, JOHN

Name HOFFMANN, CHRISTOPHER FR Name CALKINS, JOHN
Address 4675 S CLYDE MORRIS BLVD Address 431 NE 51 ST

OUR LADY OF HOPE City-State-Zip: MIAMI FL 33137

City-State-Zip: PORT ORANGE FL 32129

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EX OFFICIO

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 ASSOCIATE DIRECTOR 01/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Address

DIRECTOR Title Title DIRECTOR

Name RIVERS III, NELSON REV Name HARDIE, SUZANNE

Address SR. PASTOR, CHARITY BAPTIST CHURCH Address 32 PRIOLEAU ST UNIT D

1544 E MANTAGUE AVE

NORTH CHARLESTON SC 29405 CHARLESTON SC 29401 City-State-Zip: City-State-Zip:

DIRECTOR Title DIRECTOR Title

Name RICHARDSON, ADAM BISHOP Name DOLLISON, CLIFTON REV

200 AVENUE R, NW Address 101 E UNION ST

SUITE 301 City-State-Zip: WINTER HAVEN FL 33881

JACKSONVILLE FL 32202 City-State-Zip:

EXEC. DIRECTOR EX-OFFICIO Title Title ASSOCIATE DIRECTOR EX-OFFICIO Name

AESCHBURY, JOHN Name HOLCOMBE, HOLLY Address 990 CORBIN CT

Address 8258 NE 8TH PL

City-State-Zip: WESTERVILLE OH 43081 City-State-Zip: MIAMI FL 33138