

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765984 (O)

1. Corporation Name  
DIRECT ACTION AND RESEARCH TRAINING CENTER, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:36

Principal Place of Business Mailing Address  
C/O JOHN A. CALKINS 137 NE 19 ST. MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1982	3a. Date of Last Report 02/02/1994
4. FEI Number 59-2244743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
CALKINS, JOHN A.  
137 N.E. 19TH ST.  
MIAMI FL 33132

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *John A. Calkins* DATE: 1/30/95  
Signature of current registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD HOGNER, ROBERT H., DR.
NAME	9800 S.W. 69TH COURT MIAMI FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD ASHLEY, PATRICIA
NAME	10400 S.W. 57TH AVENUE MIAMI FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD CLEAR, HUGH
NAME	8101 BISCAYNE BLVD. STE. #202 MIAMI SHORES FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D HANSON, BRUCE
NAME	1000 WISCONSIN AVE., NW WASHINGTON DC
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D DIAZ, ZOILA
NAME	9401 BISCAYNE BLVD. MIAMI SHORES FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D BURKHOLDER, ANNE
NAME	985 N.W. 1ST STREET MIAMI FL
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIAZ, ZOILA, DR.
1.3 STREET ADDRESS	9401 Biscayne Blvd.
1.4 CITY-ST-ZIP	Miami Shores, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REES, DAVID, DR.
2.3 STREET ADDRESS	501 96th St.
2.4 CITY-ST-ZIP	Bal Harbour, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOGNER, ROBERT H., DR.
3.3 STREET ADDRESS	9800 S. W. 69th Court
3.4 CITY-ST-ZIP	Miami, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALLEN, HOWARD, SR.
5.3 STREET ADDRESS	430 Gaunt Street
5.4 CITY-ST-ZIP	Immokalee, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CLEAR, HUGH
6.3 STREET ADDRESS	9999 N E 2nd Ave, Ste. 311
6.4 CITY-ST-ZIP	Miami Shores, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Zoila Diaz* ZOILA DIAZ, PRESIDENT 1/30/95 (305)576-8020  
Signature and typed or printed name of signing officer or director Date (Daytime Phone #)