

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90091 035 ****61.25

DOCUMENT # 765984

1. Entity Name

DIRECT ACTION AND RESEARCH TRAINING CENTER, INC.

Principal Place of Business

Mailing Address

C/O JOHN A. CALKINS
 314 N.E. 26TH TERRACE
 MIAMI FL 33137
 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: MARCELLE, NORBERT
 STREET ADDRESS: 1390 GEORGIA AVENUE
 CITY-ST-ZIP: WEST PALM BEACH FL 33401
 Delete

TITLE: VPD
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: VP
 NAME: CLEAR, HUGH
 STREET ADDRESS: 7116 SW 110TH AVENUE
 CITY-ST-ZIP: MIAMI FL 33173
 Delete

TITLE: PD
 NAME: Robert Hogner
 STREET ADDRESS: FL 27 307
 CITY-ST-ZIP: University Park, Mia. FL 33109
 Change Addition

TITLE: SD
 NAME: TUTTLE, MARY
 STREET ADDRESS: 326 N.E. 26TH TERRACE
 CITY-ST-ZIP: MIAMI FL 33137
 Delete

TITLE: TD
 NAME: Rev. Larry Wynn
 STREET ADDRESS: Touching Miami with Love
 CITY-ST-ZIP: 46 NE 6th Street, Miami, FL 33132
 Change Addition

TITLE: D
 NAME: BLOMQUIST, BERT
 STREET ADDRESS: 536 CORAL WAY
 CITY-ST-ZIP: CORAL GABLES FL
 Delete

TITLE: SD
 NAME: Bruce Hanson
 STREET ADDRESS: 78 Newell Road
 CITY-ST-ZIP: Yardmouth, Maine 04096
 Change Addition

TITLE: D
 NAME: REES, DAVID
 STREET ADDRESS: 502 96TH STREET
 CITY-ST-ZIP: BAL HARBOUR FL 33154
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

305 574 8020

CR2E037 (9/01)