


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90050 026 \*\*\*\*61.25

**DOCUMENT # 765984**  
 1. Entity Name  
**DIRECT ACTION AND RESEARCH TRAINING CENTER, INC.**



Principal Place of Business  
**C/O JOHN A. CALKINS**  
**314 N.E. 26TH TERRACE**  
**MIAMI, FL 33137 US**


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

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2244743**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLEAR, HUGH 7116 SW 110 AVE MIAMI, FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOFIELD, CALVIN BISHOP 8195 SW 151 ST MIAMI, FL 33158 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOGNER, ROBERT DR FIU BA307 MIAMI, FL 33199 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANSON, BRUCE 78 NEWELL ROAD YARMOUTH, ME 04096 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <del>SCHOFIELD, CALVIN O</del> <del>8195 SW 151 ST.</del> <del>MIAMI, FL 33158</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <del>CLEAR, HUGH</del> <del>7116 SW 110 AVE.</del> <del>MIAMI, FL 33173</del> <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SEE ATTACHED LIST**

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:** John A. Calkins **John A Calkins** 3/31/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40044725

# 765984

DIRECT ACTION AND RESEARCH TRAINING INC.  
LIST OF OFFICERS AND DIRECTORS

## ADDITIONAL DIRECTORS AND OFFICERS - 2005 REPORT

**GERARD DARBOUZE - DIRECTOR**

540 NW 132nd St.  
Miami, FL 33168

**JEFFREY P. KEE - DIRECTOR**

955 Oak St.  
Columbus, Ohio 43205

**RAY RUEO - DIRECTOR**

16400 NW 32 Ave.  
Miami, FL 33054

**MARIA JERKINS - DIRECTOR**

9401 Biscayne Blvd.  
Miami, FL 33138

**PHIL TOM - DIRECTOR**

1030 Wetterau Ave.  
Louisville, KY 40217

**DOROTHY THOMAS - DIRECTOR**

355 S, Dr, Martin Luther King Dr.  
Daytona Beach, FL 32114

**ALEJANDRO ROQUE - DIRECTOR**

327 Oblate Drive  
San Antonio, TX 78218