

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# 765984

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O JOHN A. CALKINS
POST OFFICE BOX 370791
MIAMI, FL 33137791 US

New Mailing Address:

FEI Number: 59-2244743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLEAR, HUGH
Address: 7116 SW 110 AVE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: HOGNER, ROBERT DR
Address: FIU BA307
City-St-Zip: MIAMI, FL 33199

Title: PD () Delete
Name: HANSON, BRUCE
Address: 78 NEWELL ROAD
City-St-Zip: YARMOUTH, ME 04096

Title: TD () Delete
Name: REES, DAVID
Address: 501 96 ST
City-St-Zip: BAL HARBOUR, FL 33154

Title: SD () Delete
Name: KEE, JEFFREY P
Address: 955 OAK ST
City-St-Zip: COLUMBUS, OH 43205

Title: VPD () Delete
Name: ROQUE, ALEJANDRO
Address: 6044 SW 19TH ST
City-St-Zip: HOLLYWOOD, FL 330232928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HOGNER, ROBERT DR
Address: FIU BA307
City-St-Zip: MIAMI, FL 33199

Title: PD (X) Change () Addition
Name: HANSON, BRUCE
Address: 78 MALLARD WAY
City-St-Zip: WALTHAM, MA 02452

Title: TD (X) Change () Addition
Name: PROCTOR, JAMES REV
Address: 11423 BRIDGES RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: KEE, JEFFREY P
Address: 955 OAK ST
City-St-Zip: COLUMBUS, OH 43205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN A CALKINS

RA

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date