

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

DOCUMENT# N92000000845

**Entity Name:** DUNKLIN INTERNATIONAL TRAINING CENTER, INC.

**Current Principal Place of Business:**

3342 S.W. HOSANNAH LANE  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

3342 S.W. HOSANNAH LANE  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 65-0388174      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, DONALD E  
3505 DEER RUN TRAIL  
OKEECHOBEE, FL 34974      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: P      ( ) Delete  
Name: EVANS, DONALD E  
Address: 3505 DEER RUN TRAIL  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VPT      ( ) Delete  
Name: MURROW, HUGH  
Address: 3342 SW HOSANUH  
City-St-Zip: OKEECHOBEE, FL 34974

Title: S      ( ) Delete  
Name: HASKELL, TODD  
Address: 3342 SW HOSANNAH LANE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D      ( ) Delete  
Name: BEESON, FRED  
Address: 6126 WOODCREEK CT  
City-St-Zip: JUPITER, FL 33458

Title: D      ( ) Delete  
Name: CROWE, BOB DR.  
Address: 3342 SW HOSANNAH LANE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D      ( ) Delete  
Name: STRAYHORN, GUY R  
Address: 12314 RIVER RD. S.E.  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD HASKELL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

S

01/06/2006

\_\_\_\_\_  
Date