

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000845

FILED
Jan 16, 2009
Secretary of State

Entity Name: DUNKLIN INTERNATIONAL TRAINING CENTER, INC.

Current Principal Place of Business:

3342 S.W. HOSANAH LANE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

3342 S.W. HOSANAH 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 HOSANAH
City-St-Zip: OKEECHOBEE, FL 34974

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

Title: D () Delete
Name: BEESON, FRED
Address: 24240 SW MARTIN HWY
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: CROWE, BOB DR.
Address: 3342 SW HOSANAH 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
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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 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

S

01/16/2009

Electronic Signature of Signing Officer or Director

Date