

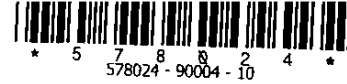
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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90224 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005891

1. Corporation Name

DISASTER ANIMAL RESPONSE TEAM TRAINING, INC.

Principal Place of Business

6471 KICKAPOO RD
SARASOTA FL 34241

Mailing Address

6471 KICKAPOO RD
SARASOTA FL 34241

2. Principal Place of Business 21 4544 County Road 625 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 2427 Suite, Apt. #, etc.		3. Date incorporated or Qualified 10/15/1998	
22 City & State BUSHNELL, FL		27 City & State BUSHNELL, FL		4. FEI Number ☒ Applied For ☐ Not Applicable	
23 Zip 33513 Country U.S.A.		29 Zip 33513 Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 33513 U.S.A.		30 33513 USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FERGUSON, CINDY 6471 KICKAPOO RD SARASOTA FL 34241			10. Name and Address of New Registered Agent 81 Name FERGUSON, CINDY 82 Street Address (P.O. Box Number is Not Acceptable) 4544 County Road 625 83 City BUSHNELL FL 84 Zip Code 33513		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>Cindy Ferguson</i> CINDY FERGUSON 5-11-99 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	DIRECTOR CINDY FERGUSON
STREET ADDRESS		1.3 STREET ADDRESS	4544 COUNTY ROAD 625
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	SHERI EVANS
STREET ADDRESS		2.3 STREET ADDRESS	1020 E COUNTY ROAD 48
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	DIRECTOR LAURA BEVAN DR.
STREET ADDRESS		3.3 STREET ADDRESS	3213 ALBERT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cindy Ferguson* **5-11-99** **352-568-1694**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)