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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005891

1. Corporation Name
DISASTER ANIMAL RESPONSE TEAM TRAINING, INC.

578024 - 90004 - 10

Principal Place of Business	Mailing Address
6471 KICKAPOO RD SARASOTA FL 34241	6471 KICKAPOO RD SARASOTA FL 34241

2. Principal Place of Business 21 4544 COUNTY ROAD 625 Suite, Apt. #, etc. 22 City & State 23 BUSHNELL, FL Zip 24 33513 Country 25 U.S.A.	2a. Mailing Address 26 P.O. BOX 2427 Suite, Apt. #, etc. 27 City & State 28 BUSHNELL, FL Zip 29 33513 Country 30 USA	3. Date Incorporated or Qualified 10/15/1998 4. FEI Number ☑ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 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
84 City BUSHNELL FL 85 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 Cindy Ferguson CINDY FERGUSON 5-11-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

CR2E037 (11/98)

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 ~~SIGNATURE REQUIRED~~ 5-11-99 352-568-1694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #