


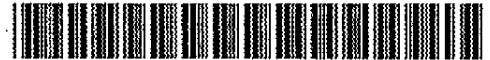
**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 20, 2004 08:00 AM

Secretary of State

DOCUMENT # N98000005891 1. Entity Name DISASTER ANIMAL RESPONSE TEAM TRAINING, INC.		
Principal Place of Business 4544 COUNTY RD 625 BUSHNELL, FL 33513 US		Mailing Address PO BOX 2427 BUSHNELL, FL 33513 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FERGUSON, CINDY 4544 COUNTY RD 625 BUSHNELL, FL 33513		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, CINDY 4544 COUNTY RD 625 BUSHNELL, FL 33513	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, SHERI 1400 SE 70TH AVE BUSHNELL, FL 33513	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVAN, LAURA 2936 JOYCE DRIVE TALLAHASSEE, FL 323032248	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE: <i>Cindy Ferguson</i> <i>CINDY FERGUSON</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>1/15/04</i> <i>352-568-1694</i> <small>Date Daytime Phone #</small>



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0876564

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

01152004-80047-004 61.25

**DO NOT WRITE
IN THIS SPACE**