

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

FILED

**Jan 12, 2006 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

**4544 COUNTRY ROAD 625
BUSHNELL, FL 33513 US**



01052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0876564**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERGUSON, CINDY
STREET ADDRESS	4544 COUNTY RD 625
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	D
NAME	EVANS, SHERI
STREET ADDRESS	1400 SE 70TH AVE
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	D
NAME	BEVAN, LAURA
STREET ADDRESS	2936 JOYCE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 323032248
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000384295
01/17/06-80006-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cindy Ferguson **CINDY FERGUSON** 01/07/06 352-794-6867