


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 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 COUNTY RD 625 BUSHNELL, FL 33513 US
--	--



01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0876564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	

000000786215
01/17/08-80031-020 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-08 352-568-1694
Date Daytime Phone #