

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005891

FILED
Jan 21, 2009
Secretary of State

Entity Name: DISASTER ANIMAL RESPONSE TEAM TRAINING, INC.

Current Principal Place of Business:

4544 COUNTY RD 625
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

4544 COUNTY RD 625
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 65-0876564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERGUSON, CINDY
4544 COUNTY RD 625
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERGUSON, CINDY
Address: 4544 COUNTY RD 625
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: EVANS, SHERI
Address: 1400 SE 70TH AVE
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: BEVAN, LAURA
Address: 2936 JOYCE DRIVE
City-St-Zip: TALLAHASSEE, FL 323032248

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY FERGUSON

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date