

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N20900 (9)**

1. Corporation Name  
**ALL CREATURES WILDLIFE SANCTUARY, INC.**



Principal Place of Business: **ROUTE 2 BOX 80 C/O JO ANNE PEARSON TRENTON FL 32693**  
Mailing Address: **ROUTE 2 BOX 80 C/O JO ANNE PEARSON TRENTON FL 32693**

3. Date Incorporated or Qualified: **05/13/1987**  
3a. Date of Last Report: **03/02/1995**

21	2. Principal Place of Business <b>5459 SE 30<sup>th</sup> ST</b>	26	2a. Mailing Address <b>5459 SE 30<sup>th</sup> ST.</b>	4.	FEI Number <b>59-2823913</b>	Applied For				
22	Suite, Apt. #, etc. <b>C/O JO ANNE PEARSON</b>	27	Suite, Apt. #, etc. <b>C/O JO ANNE PEARSON</b>	5.	Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
23	City & State <b>TRENTON, FLORIDA</b>	28	City & State <b>TRENTON, FLORIDA</b>	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
24	Zip <b>32693</b>	25	Country <b>Gilchrist</b>	29	Zip <b>32693</b>	30	Country <b>Gilchrist</b>	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**g. Name and Address of Current Registered Agent**

**PEARSON, JO ANNE  
ROUTE 2 BOX 80  
TRENTON FL 32693**

**10. Name and Address of New Registered Agent**

81	Name <b>PEARSON, JO ANNE</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>5459 SE 30<sup>th</sup> ST.</b>
83	
84	City <b>TRENTON</b>
85	Zip Code <b>FL 32693</b>

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**

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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEARSON, JO ANNE</b>	1.2 NAME	<b>PEARSON, JO ANNE</b>
STREET ADDRESS	<b>RT. 2 BOX 80</b>	1.3 STREET ADDRESS	<b>5459 SE 30<sup>th</sup> ST</b>
CITY-ST-ZIP	<b>TRENTON FL</b>	1.4 CITY-ST-ZIP	<b>TRENTON, FL 32693</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEARSON, LORRAINE R.</b>	2.2 NAME	
STREET ADDRESS	<b>215 E. LOVE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO MO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARROTT, JOHN DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>2455 NE 184 TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPARD, FERN</b>	4.2 NAME	
STREET ADDRESS	<b>200 E. LOVE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO MO</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGEE, GENEVA</b>	5.2 NAME	
STREET ADDRESS	<b>2350 N. LAMA POINT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HERNANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **JO ANNE PEARSON** *Jo Anne Pearson* **3/4/06** **352-492-4900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR** Date Daytime Phone #

CR2E037 (12/95)