

DOCUMENT # N20900
 1. Entity Name
ALL CREATURES WILDLIFE SANCTUARY, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90041 005 ****61.25

Principal Place of Business Mailing Address
 5459 SE 30TH ST 5459 SE 30TH ST
 C/O JO ANNE PEARSON C/O JOANNE PERSON
 TRENTON FL 32693 TRENTON FL 32693
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number: **59-2823943-3913** Applies For: Not Applicable

5. Certificate of \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEARSON, JO ANNE
5459 SE 30TH ST
TRENTON FL 32693

7. Name and Address of Registered Agent
 Name
 Street Address (P.O. Box Number, if applicable)
 City State Zip Code

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

SIGNATURE JO ANNE PEARSON *Jo Anne Pearson* DATE 1/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEARSON, JO ANNE	
STREET ADDRESS	5459 SE 30TH ST	
CITY-ST-ZIP	TRENTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEARSON, LORRAINE R.	
STREET ADDRESS	215 E. LOVE STREET	
CITY-ST-ZIP	MEXICO MO	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILNER, JOHN E	
STREET ADDRESS	2528 CEDRONELLA DR	
CITY-ST-ZIP	CHAPEL HILL NC 27514	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCGEE, GENEVA	
STREET ADDRESS	2350 N. LAMA POINT	
CITY-ST-ZIP	HERNANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JO ANNE PEARSON *Jo Anne Pearson* DATE 1/6/01 DAYTIME PHONE # 352-472-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00214

CR2E037 (10/00)

DOC # N20900

B0003195



(REPORT APPARENTLY
DAMAGED EN ROUTE.)

NEED TO NOTIFY:

OUR TAX-EXEMPT NO.

ALL
CREATURES
WILDLIFE
SANCTUARY
INC.

MAY BE USED ILLEGALLY
BY FORMER VOLUNTEER &
HIS MOTHER. THIS MUST

BE STOPPED! SON (JACK) HUDSON
& MOTHER "ONE-FEATHER" (SHIRLEY ANN) HUDSON!

OUR WILDLIFE COULD NOT SURVIVE WITHOUT YOUR SUPPORT! THANK YOU FOR CARING

5459 S.E. 30th Street • Trenton, Florida 32693 • For information call: (352) 472-4700

(OUR)