

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000012604

**Entity Name:** ANIMAL CROSSINGS EDUCATIONAL SANCTUARY INC.

**Current Principal Place of Business:**

4258 S.W. TERRACE  
BUSHNELL, FL 33513

**Current Mailing Address:**

4258 S.W. TERRACE  
BUSHNELL, FL 33513 UN

**FEI Number: 88-4273405**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KESZEY, ROBERT  
4258 S.W. TERRACE  
BUSHNELL, FL 33513 US

*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

**Officer/Director Detail :**

Title P  
Name KESZEY, ZOLTAN  
Address 4258 S.W. TERRACE  
City-State-Zip: BUSHNELL FL 33513

Title VP  
Name KESZEY, STEPHEN  
Address 4258 S.W. TERRACE  
City-State-Zip: BUSHNELL FL 33513

Title TREA  
Name KESZEY, ZOLTAN  
Address 4258 S.W. TERRACE  
City-State-Zip: BUSHNELL FL 33513

Title SECRETARY  
Name KESZEY, ROBERT  
Address 4258 S.W. TERRACE  
City-State-Zip: BUSHNELL FL 33513

Title D  
Name RIPPS, JON  
Address 222 ROUTE 59, SUITE 111  
City-State-Zip: SUFFERN NY 10901

Title D  
Name SEGALL, ALAN  
Address 3730 NE 30 AVE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT KESZEY**

**SECRETARY**

**03/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date