


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # N00000004937 1. Entity Name ALL CREATURES SANCTUARY, INC. | | | |  | |
| Principal Place of Business 13580 DEER CREEK DR. PALM BEACH GARDENS, FL 33418 | | | Mailing Address 13580 DEER CREEK DR. PALM BEACH GARDENS, FL 33418 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LUFKIN, JUSTINE 13580 DEER CREEK DR. PALM BEACH GARDENS, FL 33418 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL 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 Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to: Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D LUFKIN, JUSTINE <input type="checkbox"/> Delete | | | | |
| NAME | 13580 DEER CREEK DRIVE | | | | |
| STREET ADDRESS | WEST PALM BEACH, FL 33418 | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | D ANGELI, VALERIE <input type="checkbox"/> Delete | | | | |
| NAME | 236 EAST 36TH STREET APT 4 | | | | |
| STREET ADDRESS | NEW YORK, NY 10016 | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | D DARVILLE, ROSEMARY <input type="checkbox"/> Delete | | | | |
| NAME | 839 CROTON DRIVE | | | | |
| STREET ADDRESS | ROYAL PALM BEACH, FL 33411 | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| 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: <u>Justine Lufkin</u> <u>3/23/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



03232005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1007719 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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03/26/05-90037-020 61.25