

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001717

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: YAHTOK'YA ANIMAL SANCTUARY, INC.

**Current Principal Place of Business:**

4817 244 AVE  
LACROSSE, FL 32658

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 92  
LACROSSE, FL 32658

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

CAPIN, ERIKA J  
4817 244 AVE  
LACROSSE, FL 32658 US

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

CAPIN, ERIKA J  
PO BOX 92  
LACROSSE, FL 32658 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: ERIKA CAPIN

04/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAPIN, ERIKA J  
Address: 4817 244 AVE  
City-St-Zip: LACROSSE, FL 32658

Title: D ( ) Delete  
Name: CAPIN, BRUCE M  
Address: 4817 244 AVE  
City-St-Zip: LACROSSE, FL 32658

Title: D ( ) Delete  
Name: WOOD, HEATHER  
Address: 405 SE 2 AVE APT 41  
City-St-Zip: GAINESVILLE, FL 32607

**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 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 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: BRUCE CAPIN

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date