


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90023 047 ****70.00

DOCUMENT # N05000012023	
1. Entity Name ALL STATES HUMANE GAME FOWL ORGANIZATION, INC.	

Principal Place of Business 16543 VILLAGE GREEN DR. NORTH JACKSONVILLE FL 32234	Mailing Address 16543 VILLAGE GREEN DR. NORTH JACKSONVILLE FL 32234
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2. Principal Place of Business ALL STATES Humane Game Fowl Org Suite, Apt. #, etc. Jacksonville, FL	3. Mailing Address 16543 Village Green Dr N Suite, Apt. #, etc. Jacksonville, FL
City & State Jacksonville, FL	City & State Jax, FL
Zip 32234	Country Dupa
Zip 32234	Country Dupa

1st MOORE CR2E037 (10/05)

4. FEI Number FIN-06-1762962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLOUGH, RUTH 16543 VILLAGE GREEN DR. NORTH JACKSONVILLE FL 32234	
7. Name and Address of New Registered Agent Name Ruth Clough Street Address (P.O. Box Number is Not Acceptable) 16543 Village Green Dr. N. City Jacksonville State FL Zip Code 32234	

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 **Ruth Clough** (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable DATE **3-12-06**

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLOUGH, BRUCE 16543 VILLAGE GREEN DR. NORTH JACKSONVILLE FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, TIMMY P.O. BOX 572 GLEN ST. MARY FL 32040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, CLINTON P. 450870 OLD DIXIE RD. CALAHAN FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, LARRY A. 12586 79TH AVE. STARKE FL 32091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Ruth Clough**

3-12-06