

# ANNUAL REPORT (AR)

DOCUMENT # N05000012023

1. Entity Name

ALL STATES HUMANE GAME FOWL ORGANIZATION, INC.



**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

Mailing Address

ALL STATES HUMANE GAME FOWL ORG.  
JACKSONVILLE FL 32234

16543 VILLAGE GREEN DR. NORTH  
JACKSONVILLE FL 32234

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1762962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLOUGH, RUTH  
16543 VILLAGE GREEN DR. NORTH  
JACKSONVILLE FL 32234

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

*Ruth Clough*

*Ruth Clough*

*3-14-07*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: DP ☐ Delete  
NAME: CLOUGH, BRUCE  
STREET ADDRESS: 16543 VILLAGE GREEN DR. NORTH  
CITY- ST- ZIP: JACKSONVILLE FL 32234

TITLE: D ☐ Delete  
NAME: BENNETT, TIMMY  
STREET ADDRESS: P.O. BOX 572  
CITY- ST- ZIP: GLEN ST. MARY FL 32040

TITLE: D ☐ Delete  
NAME: CARTER, CLINTON P.  
STREET ADDRESS: 450870 OLD DIXIE RD.  
CITY- ST- ZIP: CALAHAN FL 32011

TITLE: D ☐ Delete  
NAME: MOSLEY, LARRY A.  
STREET ADDRESS: 12586 79TH AVE.  
CITY- ST- ZIP: STARKE FL 32091

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP: 000000673081  
03/29/07-80014-016 61.25

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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*

*Ruth Clough*

*3-14-07*