

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012023

FILED
Apr 29, 2009
Secretary of State

Entity Name: ALL STATES HUMANE GAME FOWL ORGANIZATION, INC.

Current Principal Place of Business:

ALL STATES HUMANE GAME FOWL ORG.
JACKSONVILLE, FL 32234

New Principal Place of Business:

Current Mailing Address:

16543 VILLAGE GREEN DR. NORTH
JACKSONVILLE, FL 32234

New Mailing Address:

ALL STATES HUMANE GAME FOWL ORG.
JACKSONVILLE, FL 32234

FEI Number: 06-1762962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CLOUGH, BRUCE
Address: 16543 VILLAGE GREEN DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32234

Title: D () Delete
Name: BENNETT, TIMMY
Address: P.O. BOX 572
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D () Delete
Name: CARTER, CLINTON P.
Address: 450870 OLD DIXIE RD.
City-St-Zip: CALAHAN, FL 32011

Title: D () Delete
Name: MOSLEY, LARRY A.
Address: 12586 79TH AVE.
City-St-Zip: STARKE, FL 32091

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RUTH CLOUGH

SEC

04/29/2009

Electronic Signature of Signing Officer or Director

Date