

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 2: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20900 (9)

1. Corporation Name

ALL CREATURES WILDLIFE SANCTUARY, INC.

Principal Place of Business

Mailing Address

ROUTE 2 BOX 80
C/O JO ANNE PEARSON
TRENTON FL 32693

ROUTE 2 BOX 80
C/O JO ANNE PEARSON
TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1987

3a. Date of Last Report
04/26/1994

4. FEI Number
59-2823913

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **6-15** ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARSON, JO ANNE
ROUTE 2 BOX 80
TRENTON FL 32693

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PEARSON, JO ANNE
STREET ADDRESS RT. 2 BOX 80
CITY - ST - ZIP TRENTON FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE VD
NAME PEARSON, LORRAINE R.
STREET ADDRESS 215 E. LOVE STREET
CITY - ST - ZIP MEXICO MO

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE SD
NAME PARROTT, JOHN DAVID
STREET ADDRESS 2455 NE 184 TERRACE
CITY - ST - ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE D
NAME SHEPHARD, FERN
STREET ADDRESS 200 E. LOVE STREET
CITY - ST - ZIP MEXICO MO

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE TD
NAME MCGEE, GENEVA
STREET ADDRESS 2350 N. LAMA POINT
CITY - ST - ZIP HERNANDO FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jo Anne Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/95
DATE

904-472-
Filing Fee #

4700