

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
05/13/1987

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **5459 SE 30th ST**

26 **5459 SE 30th ST.**

4. FEI Number

59-2823913

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **C/O JO ANNE PEARSON**

Suite, Apt. #, etc.

27 **C/O JO ANNE PEARSON**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

23 **TRENTON, FLORIDA**

City & State

28 **TRENTON, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

24 **32693**

Country

25 **Gilchrist**

Zip

29 **32693**

Country

30 **Gilchrist**

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

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

PEARSON, JO ANNE

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

5459 SE 30th ST.

83

84 City

TRENTON

FL

85 Zip Code

32693

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD PEARSON, JO ANNE**
1.3 STREET ADDRESS **5459 SE 30th ST**
1.4 CITY-ST-ZIP **TRENTON, FL 32693**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 - Jo Anne Pearson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR**

3/4/06

352-492-4900
Daytime Phone #

CR2E037 (12/95)