

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20900** (9)

1. Corporation Name

ALL CREATURES WILDLIFE SANCTUARY, INC.

Principal Place of Business

5459 SE 30TH ST
C/O JOANNE PERSON
TRENTON FL 32693
US

Mailing Address

5459 SE 30TH ST
C/O JOANNE PERSON
TRENTON FL 32693
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/13/1987

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

PEARSON, JO ANNE
5459 SE 30TH ST
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 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

1/10/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEARSON, JO ANNE	
STREET ADDRESS	5459 SE 30TH ST	
CITY-ST-ZIP	TRENTON FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEARSON, LORRAINE R.	
STREET ADDRESS	215 E. LOVE STREET	
CITY-ST-ZIP	MEXICO MO	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARROTT, JOHN DAVID	
STREET ADDRESS	2455 NE 184 TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGEE, GENEVA	
STREET ADDRESS	2350 N. LAMA POINT	
CITY-ST-ZIP	HERNANDO FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JOANNE PEARSON 1/9/98/352/472-4700

CR2E037 (10/97)