

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-15-2001 90076 042 *****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003907



1. Entity Name

ASTORLING SANCTUARY, INC.

Principal Place of Business

PO BOX 82513
 TAMPA FL 33683-2513

Mailing Address

PO BOX 82513
 TAMPA FL 33683-2513

2. Principal Place of Business

4310 Neff Lake Rd.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 82513
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brooksville FL

City & State

Tampa FL

4. FEI Number EIN

59-3160448

Applied For

Not Applicable

Zip

34601

Country

USA

Zip

33682

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, SHEILA D ESQ
 115 N. MACDILL AVE
 TAMPA FL 33609

7. Name and Address of New Registered Agent

Name Cindy Kraft

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

2209 Whitney Pl.

City Valrico

FL

Zip Code 33594

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.

SIGNATURE

[Signature]

5-1-01

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

(NOTE: Registered Agent signature required when reselecting)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Elizabeth Seman, President	4310 Neff Lake Rd.	Brooksville FL 34601	<input type="checkbox"/>
Cindy Winscott, V.P.	508 Lakeview Dr.	Oldsmar, FL 34677	<input type="checkbox"/>
April Winkelmann, Secy	3141 S. Euclid Ave.	Tampa, FL 33629	<input type="checkbox"/>
Cindy Kraft, Treas	2209 Whitney Pl.	Valrico, FL 33594	<input type="checkbox"/>
Elizabeth Seman, Trustee	4310 Neff Lake Rd.	Brooksville, FL 33610	<input type="checkbox"/>
Cindy Kraft Trustee	2209 Whitney Pl.	Valrico, FL 33594	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Mrs. Kim Wilcox, Trustee	11310 Canollwood Ct.	Tampa, FL 33618	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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 a proper title, empowered.

SIGNATURE:

[Signature]

5-1-01

813-624-4091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC037 (10/00)