

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003907

FILED  
May 19, 2011  
Secretary of State

Entity Name: ASTORLING SANCTUARY, INC.

**Current Principal Place of Business:**

4310 NEFF LAKE RD  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 82513  
TAMPA, FL 336832513

**New Mailing Address:**

4310 NEFF LAKE RD  
BROOKSVILLE, FL 34601

FEI Number: 59-3160448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAFT, CINDY  
2209 WHITNEY PL  
VALRICO, FL 33594 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: P  
Name: SEMAN, ELIZABETH  
Address: 4310 NEFF LAKE RD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP  
Name: HARMAN, LOIS  
Address: 227 COLLEGE AVE. WEST  
City-St-Zip: RUSKIN, FL 33570

Title: S  
Name: WINKELMANN, APRIL  
Address: 3141 S EUCLID AV  
City-St-Zip: TAMPA, FL 33629

Title: R  
Name: KRAFT, CINDY  
Address: 2209 WHITNEY PL  
City-St-Zip: VALRICO, FL 33594

Title: T  
Name: SEMAN, ELIZABETH  
Address: 4310 NEFF LAKE RD  
City-St-Zip: VALRICO, FL 33594

Title: T  
Name: KRAFT, CINDY  
Address: 2209 WHITNEY PL  
City-St-Zip: VALRICO, FL 33594

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH SEMAN

PRES

05/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date