

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90134 042 ****61.25

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DOCUMENT # N00000003907

1. Entity Name

ASTORLING SANCTUARY, INC.



Principal Place of Business

4310 NEFF LAKE RD
BROOKSVILLE FL 34601

Mailing Address

PO BOX 82513
TAMPA FL 33683-2513

2. Principal Place of Business

3. Mailing Address

Tampa, Florida
Suite, Apt. #, etc.

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

City & State

City & State

Tampa

FL

Zip

Country

Zip

Country

33682

U.S.A.

4. FEI Number 59-3160448

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAFT, CINDY
2209 WHITNEY PL
VALRICO FL 33594

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SEMAN, ELIZABETH	
STREET ADDRESS	4310 NEFF LAKE RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WINSCOTT, CINDY	
STREET ADDRESS	508 LAKEVIEW DR.	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINKELMANN, APRIL	
STREET ADDRESS	3141 S EUCLID AV	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRAFT, CINDY	
STREET ADDRESS	2209 WHITNEY PL	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEMAN, ELIZABETH	
STREET ADDRESS	4310 NEFF LAKE RD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRAFT, CINDY	
STREET ADDRESS	2209 WHITNEY PL	
CITY-ST-ZIP	VALRICO FL 33594	

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

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 all other like empowered.

SIGNATURE: *Elizabeth Seman* Elizabeth Seman 5-19-03 352-754-8975

CR2E037 (10/02)