2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000480

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: KINDRED SPIRITS SANCTUARY, INC.								
Current Principal Place of Business:			New Princ	New Principal Place of Business:				
12600 N H OCALA, FI								
Current Mailing Address:			New Maili	New Mailing Address:				
P.O. BOX 832091 OCALA, FL 34483			12600 N HWY 27 OCALA, FL 34482					
FEI Number:	20-0712233	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certifica	ate of Status Desir	red ()	
Name and	Address of Cui	Name and	Name and Address of New Registered Agent:					
12600 N H OCALA, FI The above	_ 34482 US	omits this statement for the p	urpose of changing i	ts registere	d office or r	registered agent	t, or both,	
SIGNATUR						_		
	Electronic	Signature of Registered Age				Date		
OFFICERS	S AND DIRECTO	PRS:	ADDITION	S/CHANG	ES TO OFF	ICERS AND D	IRECTORS:	
Title: Name: Address: City-St-Zip:	D () De BRAHIM, LAURA N 12600 N HWY 27 OCALA, FL 34482	I EX DIR	Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title: Name: Address: City-St-Zip:	D () De GIFFORD, HEATH 5101 SE 11TH AVI OCALA, FL 34480	ER ENUE	Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title: Name: Address: City-St-Zip:	D () De BILLS, CELIA 1507 SE 14TH STI OCALA, FL 34471	REET	Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title: Name: Address: City-St-Zip:	D () De NELSON, LAURA 6916 NW 118TH S REDDICK, FL 326	TREET ROAD	Title: Name: Address: City-St-Zip:	D NELSON, L 13303 W H OCALA, FL	WY 40	() Addition		
Title: Name:	() De	elete	Title: Name	D VINDETT T	() Change	(X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LAURA BRAHIM EX D 04/30/2008

5721 NW 60TH TERRACE

OCALA, FL 34482