

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007770

FILED  
May 17, 2012  
Secretary of State

Entity Name: HELP FROM THE SANCTUARY, INC.

**Current Principal Place of Business:**

43347 CARNWATH RD.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

43347 CARNWATH RD.  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 26-2677470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TINTLE, ANDREW R  
4347 CARNWATH RD.  
TALLAHASSEE, FL 32303 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: D  
Name: WILLIAMSON, ARBUTAS  
Address: 2600 NEZ PERCE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: WILLIAMSON, STEPHEN  
Address: 2600 NEZ PERCE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: TINTLE, SHARON  
Address: 4347 CARNWARTH ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: TINTLE, ANDREW  
Address: 4347 CARNWARTH ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: SHAW, TERRY  
Address: 11885 BLUE STAR HIGHWAY  
City-St-Zip: QUINCY, FL 32351

Title: D  
Name: SHAW, JULIA  
Address: 11885 BLUE STAR HIGHWAY  
City-St-Zip: QUINCY, FL 32351

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: SHARON R. TINTLE

D

05/17/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date