2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000002554



04-27-2007 90198 047 ****61.25 ROOTERVILLE, A SANCTUARY, INC. Principal Place of Business Mailing Address 40086060 PO BOX 585 15516 SW 149TH PL ARCHER, FL 32618 ARCHER, FL 32618 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-NP CR2E037 (12/06) 4. FEI Number 32-0110665 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEST, ELAINE 15516 SW 14TH PLACE 15516 SW 149 Place Street Address (P.O. Box Number is Not Acceptable) ARCHER, FL 32618 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. WEST, ELAINE 15516 SW 149 PLACE 15616 SW 149 PLACE 15616 SW 149 PLACE ■ Addition Change TITLE ☐ Delete TITLE WEST, ELAINE NAME NAME PO BOX 858 STREET ADDRESS STREET ADDRESS ARCHER, FL 32018 CITY-ST-7IP FL 32618 CITY-ST-ZiP Change ☐ Addition TITLE ☐ Delete TITLE INKS SHERI 11951 NE 10 TETrace INKS, SHERI NAME NAME 4823 SW ARCHER ROAD STREET ADDRESS STREET ADDRESS Archer, FL 32618 PARENTE, MERKIAM Dir. Change GAINESVILLE, FL 32608 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NATALINE, SHARON NAME 3911 SW 38 SHREET 24104 NW 94 AVENUE STREET ADDRESS STREET ADDRESS 32608 GAINESVILLE EL CITY-ST-ZIP ALACHUA, FL 32615 CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE SPROUSE, ROBIE NAME NAME 3911 SW 38TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TATLE LAKE, TIFFANY NAME NAME STREET ADDRESS 12791 NE 131 PLACE STREET ADDRESS ARCHER, FL 32618 CITY-ST-ZIP CITY-ST-ZIF Change Delete TITLE ☐ Addition TITLE NEST DALE 15516 SW 149 PIACE WEST, DALE NAME NAME STREET ADDRESS PO BOX 585 STREET ADDRESS ARCHER, FL 32618 ARCHER, FL 32618

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CED NAME OF SIGNING OFFICER OR DIRECTO

FILED

Apr 27, 2007 8:00 am Secretary of State