

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002554

FILED
Apr 01, 2009
Secretary of State

Entity Name: ROOTERVILLE, A SANCTUARY, INC.

Current Principal Place of Business:

15516 SW 149TH PL
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

PO BOX 585
ARCHER, FL 32618

New Mailing Address:

FEI Number: 32-0110665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, ELAINE
15516 SW 149TH PLACE
ARCHER, FL 32618 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: PT () Delete
Name: WEST, ELAINE
Address: 15516 SW 149TH PL
City-St-Zip: ARCHER, FL 32618

Title: VP () Delete
Name: INKS, SHERI
Address: 11951 NE 101 TERR
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: PARENTE, MERTIAM
Address: 3911 SW 38 ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: SPROUSE, ROBIE
Address: 3911 SW 38TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: LAKE, TIFFANY
Address: 12791 NE 131 PLACE
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: WEST, DALE
Address: 15516 SW 149 PL
City-St-Zip: ARCHER, FL 32618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ELAINE WEST

PT

04/01/2009

Electronic Signature of Signing Officer or Director

Date