2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N97000006120

Entity Name: KATERI TEKAWITHA MISSION FUND INC.

Current Principal Place of Business:

2217 SEAGRASS DRIVE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 906
PACIFICA, CA 94044 US

New Mailing Address:

FEI Number: 65-0812097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTER, PATRICIA
3282 LAS BRISAS DRIVE
PENSACOLA, FL 325266962 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:	MD	( ) Delete
Name:	SWEENEY, CATHERINE	
Address:	P.O. BOX 906	
City-St-Zip:	PACIFICA, CA 94044	
Title:	D	( ) Delete
Name:	BISSELL, KATHLEEN	
Address:	1269 LERIDA WAY	
City-St-Zip:	PACIFICA, CA 94044	
Title:	S	( ) Delete
Name:	BRAY, KATHY	
Address:	42821 VIA PUEBLA	
City-St-Zip:	FREMONT, CA 94539	
Title:	D	( ) Delete
Name:	OLSEN, MONICA	
Address:	1483 CRESPI DRIVE	
City-St-Zip:	PACIFICA, CA 94044	
Title:	T	(X) Delete
Name:	CONLON, ANN SISTER	
Address:	950 COLUMBUS AVE	
City-St-Zip:	SAN FRANCISCO, CA 94133	
Title:	D	( ) Delete
Name:	WAKELIN, MARJORIE SISTER	
Address:	P.O. BOX 3248	
City-St-Zip:	FREMONT, CA 94539	

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
Name:	
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 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: CATHERINE SWEENEY MD 04/17/2006
Electronic Signature of Signing Officer or Director — Date