

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006120

FILED
Apr 22, 2008
Secretary of State

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: 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: D () Delete
Name: WAKELIN, MARJORIE SISTER
Address: P.O. BOX 3248
City-St-Zip: FREMONT, CA 94539

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: GALVEZ, CHRISTINE
Address: 327 ARLETTA
City-St-Zip: SAN FRANCISCO, CA 94134 US

Title: D () Change (X) Addition
Name: GREEN, KATHY
Address: 1030 BARCELONA DRIVE
City-St-Zip: PACIFICA, CA 94044 US

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: CATHERINE SWEENEY

MD

04/22/2008

Electronic Signature of Signing Officer or Director

Date