2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006120

FILED Apr 14, 2009 Secretary of State

Entity Name: KATERI TEKAWITHA MISSION FUND INC.

Current Principal Place of Business: New Principal Place of Business: 2217 SEAGRASS DRIVE PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** P.O. BOX 906 PACIFICA, CA 94044 US FEI Number: 65-0812097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PORTER, PATRICIA 3282 LAS BRISAS DRIVE PENSACOLA, FL 325266962 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: MD () Delete () Change () Addition SWEENEY, CATHERINE Name: Name: P.O. BOX 906 Address: Address: City-St-Zip: PACIFICA, CA 94044 City-St-Zip: Title: Title: (X) Change () Addition () Delete BRAY, KATHY Name: BRAY, KATHY Name: Address: 42821 VIA PUEBLA Address: 42821 VIA PUEBLA City-St-Zip: FREMONT, CA 94539 City-St-Zip: FREMONT, CA 94539 Title: () Delete Title: () Change () Addition OLSEN, MONICA Name: Name: 1483 CRESPI DRIVE Address: Address: City-St-Zip: PACIFICA, CA 94044 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: WAKELIN, MARJORIE SISTER Name: Address: P.O. BOX 3248 Address: City-St-Zip: FREMONT, CA 94539 City-St-Zip: Title: () Delete Title: (X) Change () Addition GALVEZ, CHRISTINE GALVEZ, CHRISTINE Name: Name: 327 ARLETTA 327 ARLETTA Address: Address: City-St-Zip: SAN FRANCISO, CA 94134 US City-St-Zip: SAN FRANCISO, CA 94134 US Title: () Delete Title: (X) Change () Addition GREEN, KATHY GREEN, KATHY Name: Name: Address: 1030 BARCELONA DRIVE Address: 1030 BARCELONA DRIVE PACIFICA, CA 94044 US PACIFICA, CA 94044 US City-St-Zip: 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: CATHERINE SWEENEY MD 04/14/2009