

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006120

FILED  
Mar 24, 2012  
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  
Name: SWEENEY, CATHERINE  
Address: P.O. BOX 906  
City-St-Zip: PACIFICA, CA 94044

Title: D  
Name: SKINNER, NADINE  
Address: PO BOX 906  
City-St-Zip: PACIFICA, CA 94044

Title: D  
Name: GALVEZ, CHRISTINE  
Address: 327 ARLETTA  
City-St-Zip: SAN FRANCISCO, CA 94134 US

Title: D  
Name: ALVAREZ, MARIA ELENA  
Address: PO BOX 906  
City-St-Zip: PACIFICA, CA 94044 US

Title: T  
Name: FLORES, JESSICA  
Address: PO BOX 906  
City-St-Zip: PACIFICA, CA 94044

Title: D  
Name: CURTIN, KATHLEEN  
Address: PO BOX 906  
City-St-Zip: PACIFICA, CA 94044

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE SWEENEY

MD

03/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date