

1.) CORPORATION NAME:

**Highland Retreat of the Mennonite Church**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**KENT KAUFFMAN**

**14783 UPPER HIGHLAND DR  
BERGTON, VA 22811**

DUE DATE: **10/28/2011**

SCC ID NO: **01058734**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROCKINGHAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14783 UPPER HIGHLAND DR

CITY/ST/ZIP: BERGTON, VA 22811-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WINSTON RHODES, JR.  
TITLE: SECRETARY  
ADDRESS: 3825 EVERSOLE RD  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22802-

OFFICER

DIRECTOR

NAME: SETH BERKEY  
TITLE: TREASURER  
ADDRESS: 313 BELLVIEW RD.  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER

DIRECTOR

NAME: KENT KAUFFMAN  
TITLE: EXECUTIVE DIR  
ADDRESS: 1378 MAYLAND RD  
CITY/ST/ZIP/CO: BROADWAY, VA 22815-

OFFICER

DIRECTOR

NAME: VICKI NOLT  
TITLE: VICE CHAIRMAN  
ADDRESS: 4920 SKY ROAD  
CITY/ST/ZIP/CO: HARRISONBURG, VA 28802-

OFFICER

DIRECTOR

NAME: RANDY SEITZ  
TITLE: CHAIRMAN  
ADDRESS: 330 DIXIE AVE  
CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-

OFFICER

DIRECTOR

NAME: STEVE BRUNK TITLE: DIRECTOR ADDRESS: 4998 SINGERS GLEN RD CITY/ST/ZIP/CO: HARRISONBURG, VA 22802-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: AMY RUSH TITLE: DIRECTOR ADDRESS: 780 PARKWOOD DRIVE CITY/ST/ZIP/CO: HARRISONBURG, VA 22802-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JILL SNIDER TITLE: DIRECTOR ADDRESS: 145 CLINE STREET CITY/ST/ZIP/CO: BROADWAY, VA 22815-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ELDON SUTER TITLE: DIRECTOR ADDRESS: 3603 CRICKET LN CITY/ST/ZIP/CO: BRIDGE WATER, VA 22812-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LOIS WENGER TITLE: DIRECTOR ADDRESS: 2260 OLD TRAIL WAY CITY/ST/ZIP/CO: HARRISONBURG, VA 22802-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KENT KAUFFMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KENT KAUFFMAN, EXECUTIVE DIR PRINTED NAME AND CORPORATE TITLE	10/28/2011 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.