

1.) CORPORATION NAME:

Highland Retreat of the Mennonite Church

DUE DATE: **9/25/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3825 EVERSOLE RD		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22802		
NAME:	SETH BERKEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	313 BELLVIEW RD.		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		
NAME:	KENT KAUFFMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE DIR		
ADDRESS:	3768 MAYLAND RD		
CITY/ST/ZIP/CO:	BROADWAY, VA 22815		
NAME:	VICKI NOLT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4920 SKY ROAD		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22802		
NAME:	STEVE BRUNK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4998 SINGERS GLEN RD		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22802		
NAME:	AMY RUSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	780 PARKWOOD DRIVE		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22802		

NAME: JILL SNIDER TITLE: VICE CHAIRMAN ADDRESS: 145 CLINE STREET CITY/ST/ZIP/CO: BROADWAY, VA 22815	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
NAME: Lee Martin TITLE: DIRECTOR ADDRESS: 4697 Mt. Clinton Pike CITY/ST/ZIP/CO: Harrisonburg, VA 22802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mary Jo Veurink TITLE: DIRECTOR ADDRESS: 11766 Wampler Rd CITY/ST/ZIP/CO: Broadway, VA 22815	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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	9/25/2012 DATE
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.		