

1.) CORPORATION NAME:

Highland Retreat of the Mennonite Church

DUE DATE: **10/8/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **01058734**

5.) STOCK INFORMATION

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| 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.

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| 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 type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4920 SKY ROAD | | |
| CITY/ST/ZIP/CO: | HARRISONBURG, VA 28802 | | |
| NAME: | WINSTON RHODES, JR. | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 2835 EVERSOLE RD | | |
| CITY/ST/ZIP/CO: | HARRISONBURG, VA 22802 | | |
| NAME: | JILL SNIDER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | 145 CLINE STREET | | |
| CITY/ST/ZIP/CO: | BROADWAY, VA 22815 | | |
| 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: | LEE MARTIN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE CHAIRMAN | | |
| ADDRESS: | 4697 MT. CLINTON PIKE | | |
| CITY/ST/ZIP/CO: | HARRISONBURG, VA 22802 | | |

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|--|---|-------------------|-------------------------------------|----------|
| NAME: AMY RUSH TITLE: TREASURER ADDRESS: 780 PARKWOOD DRIVE CITY/ST/ZIP/CO: HARRISONBURG, VA 22802 | <input checked="" 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 |
| 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: AUSTIN GARBER TITLE: DIRECTOR ADDRESS: 16782 LITTLE DRY RIVER RD. CITY/ST/ZIP/CO: FULKS RUN, VA 22830 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: MATTHEW TIESZEN TITLE: DIRECTOR ADDRESS: 1680 VIRGINIA AVE. CITY/ST/ZIP/CO: HARRISONBURG, VA 22802 | <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 | 10/8/2013 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. | | | | |