

1.) CORPORATION NAME:

DUE DATE: **5/31/2011**

**Insight Meditation Community of Charlottesville**

SCC ID NO: **06578207**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**DALE ABRAHAMSE**

**387 ROCKY HOLLOW RD**

**CHARLOTTESVILLE, VA 22911**

5.) STOCK INFORMATION

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

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 387 ROCKY HOLLOW RD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22911-

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: JEFFERY FRACHER  
TITLE: VICE PRESIDENT  
ADDRESS: 1405 FOXBROOK LANE  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

DIRECTOR

NAME: DAN ZISK  
TITLE: SECRETARY  
ADDRESS: 2121 PINEY KNOLL LANE  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911-

OFFICER

DIRECTOR

NAME: SHARON BECKMAN-BRINDLEY  
TITLE: DIRECTOR  
ADDRESS: 619 LOCUST AVENUE  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: DALE ABRAHAMSE  
TITLE: DIRECTOR  
ADDRESS: 387 ROCKY HOLLOW ROAD  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911-

OFFICER

DIRECTOR

NAME: CHERYL T DUKE  
TITLE: PRESIDENT  
ADDRESS: 4382 MECHUMS SCHOOL HILL  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903-

OFFICER

DIRECTOR

NAME:	HARRY HOISER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	768 RIDGEMONT DRIVE		
CITY/ST/ZIP/CO:	LOUISA, VA 23093-		
NAME:	DAVID J MCMURCHIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	810 BEVERLEY DR #304		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911-		
NAME:	ALLIE RUDOLPH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2230 LOCUST HOLLOW ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903-		
NAME:	PAT COFFEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7958 BATESVILLE RD		
CITY/ST/ZIP/CO:	AFTON, VA 22920-		
NAME:	WILSON MCIVOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6127 LOUISA ROAD		
CITY/ST/ZIP/CO:	KESWICK, VA 22947-		
NAME:	LINDA CAPPACHIONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	387 ROCKY HOLLOW RD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911-		
NAME:	DAVID F SILVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1530 GRAY FOX TRAIL		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901-		
NAME:	TERESA MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1530 GRAY FOX TRAIL		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901-		
NAME:	KRISTINA WEAVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	915 BELMONT AVE #3		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902-		
NAME:	STEFAN JIRKA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	710-A RIDGE ST		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902-		

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/ DAVID J MCMURCHIE  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

DAVID J MCMURCHIE,  
TREASURER  
PRINTED NAME AND CORPORATE  
TITLE

6/17/2011  
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.