

1.) CORPORATION NAME:

Insight Meditation Community of Charlottesville

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHERYL T DUKE
4382 MECHUMS SCHOOL HILL
CHARLOTTESVILLE, VA**

SCC ID NO: **06578207**

5.) STOCK INFORMATION

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

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1405 Foxbrook Lane

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFERY FRACHER	
TITLE:	PRESIDENT	
ADDRESS:	1405 FOXBROOK LANE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID J MCMURCHIE	
TITLE:	TREASURER	
ADDRESS:	810 BEVERLEY DR #304	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAN ZISK	
TITLE:	VICE PRESIDENT	
ADDRESS:	2121 PINEY KNOLL LANE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHARON BECKMAN-BRINDLEY	
TITLE:	DIRECTOR	
ADDRESS:	619 LOCUST AVENUE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LINDA CAPPACHIONE	
TITLE:	DIRECTOR	
ADDRESS:	387 ROCKY HOLLOW RD	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAT COFFEE	
TITLE:	Teacher Rep	
ADDRESS:	7958 BATESVILLE RD	
CITY/ST/ZIP/CO:	AFTON, VA 22920	

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		
NAME:	MAGGIE MACINNIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8 WINCHAT LANE		
CITY/ST/ZIP/CO:	PALMYRA, VA 22936		
NAME:	WILSON MCIVOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Secretary		
ADDRESS:	6127 LOUISA ROAD		
CITY/ST/ZIP/CO:	KESWICK, VA 22947		
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:	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:	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:	Amy Lemley	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1410 Hazel St		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		
NAME:	Jeff Coomer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 Cole St		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	Phil Dupont	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2315 Westover Dr		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		

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.

<u>/s/ DAVID J MCMURCHIE</u>	<u>DAVID J MCMURCHIE,</u>	<u>3/26/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER PRINTED NAME AND CORPORATE TITLE	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.