

1.) CORPORATION NAME:

**Mennonite Healthcare Fellowship, Inc.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DONALD E SHOWALTER  
100 S MASON ST  
PO BOX 20028**

SCC ID NO: **07383409**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**HARRISONBURG, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 918

CITY/ST/ZIP: GOSHEN, IN 46527-0918

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: JOSEPH LONGACHER TITLE: PRESIDENT ADDRESS: 1571 PARK ROAD CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL SPICHER TITLE: VICE PRESIDENT ADDRESS: 457 WEST MAIN STREET CITY/ST/ZIP/CO: MOUNTVILLE, PA 17554-1918	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VICKY KIRKTON TITLE: DIRECTOR ADDRESS: 417 CONSTITUTION AVE. CITY/ST/ZIP/CO: GOSHEN, IN 46526	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL D. LEICHTY TITLE: EXEC DIRECTOR ADDRESS: 1406 S. 14TH ST. CITY/ST/ZIP/CO: GOSHEN, IN 46526-4544	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ERIC LEHMAN TITLE: SECRETARY ADDRESS: 22-362 COUNTY RD V CITY/ST/ZIP/CO: ARCHBOLD, OH 43502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kenton Derstine TITLE: DIRECTOR ADDRESS: 146 Belmont Drive CITY/ST/ZIP/CO: Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Beth Good  
TITLE: DIRECTOR  
ADDRESS: 901 Chestnut St.  
CITY/ST/ZIP/CO: Columbia, PA 17512-1315

OFFICER

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.

<u>/s/ PAUL D. LEICHTY</u>	<u>PAUL D. LEICHTY, EXEC</u>	<u>6/12/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.