

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214525608

1.) CORPORATION NAME:

NewBridges Immigrant Resource Center

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LYNN K SUTER
90 NORTH MAIN ST
PO BOX 1287**

SCC ID NO: **07524770**

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: 70 S HIGH ST

CITY/ST/ZIP: HARRISONBURG, VA 22801

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: CRISTINA GRABER NEUFELD
 TITLE: TREASURER
 ADDRESS: 117 N. WILLOW STREET
 CITY/ST/ZIP/CO: HARRISONBURG, VA 22802

OFFICER

DIRECTOR

NAME: LES HELMUTH
 TITLE: CHAIRMAN
 ADDRESS: 3158 RAWLEY PIKE
 CITY/ST/ZIP/CO: HARRISONBURG, VA 22801

OFFICER

DIRECTOR

NAME: JENNIFER ULRICH
 TITLE: SECRETARY
 ADDRESS: 1140 SHENANDOAH ST
 CITY/ST/ZIP/CO: HARRISONBURG, VA 22802

OFFICER

DIRECTOR

NAME: ALICIA R HORST
 TITLE: EXEC DIRECTOR
 ADDRESS: 70 S HIGH ST
 CITY/ST/ZIP/CO: HARRISONBURG, VA 22802

OFFICER

DIRECTOR

NAME: TINA GLANZER
 TITLE: DIRECTOR
 ADDRESS: 2131 LAKE TERRACE DR
 CITY/ST/ZIP/CO: HARRISONBURG, VA 22802

OFFICER

DIRECTOR

NAME: ISABEL CASTILLO
 TITLE: DIRECTOR
 ADDRESS: 70 S. High St.
 CITY/ST/ZIP/CO: Harrisonburg, VA 22801

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNN K. SUTER VICE CHAIRMAN 3603 Cricket Lane Bridgewater, VA 22812	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCISCO MACHADO DIRECTOR 457 Rodeo Dr. Harrisonburg, VA 22802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA MAYHEW DIRECTOR 1330 Cumberland Dr. Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN MILLER DIRECTOR 1218 W Dogwood Dr Harrisonburg, VA 22802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUKE SCHROCK HURST DIRECTOR 575 2nd Street 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/ ALICIA R HORST SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALICIA R HORST, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	5/16/2014 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.			