

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002968

Entity Name: SUMMERLAND MONASTERY, INC. CAW**Current Principal Place of Business:**SUMMERLAND MONASTERY
2343 WEST OLD AJO HWY
TUCSON, AZ 85746-9113**Current Mailing Address:**SUMMERLAND MONASTERY
2343 WEST OLD AJO HWY
TUCSON, AZ 85746-9113 US**FEI Number:** 59-3246709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSEN, MARY JO
1773 COCO PLUM STREET N.E.
PALM BAY, FL 32905 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARY JO ROSEN

03/13/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	MACKENZIE, JACQUELINE Z PHD
Address	2343 WEST OLD AJO HWY
City-State-Zip:	TUCSON AZ 85746-9113

Title	VD
Name	MACKENZIE, DONALD J
Address	2343 WEST OLD AJO HWY
City-State-Zip:	TUCSON AZ 85746-9113

Title	D
Name	FORGHANI, CAROL
Address	923 PINE BURST DR
City-State-Zip:	ALLEN TX 75013

Title	D
Name	PULGRAM-ARTHEN, LUCIA D
Address	14 PLEASANT ST, P.O. BOX 628
City-State-Zip:	WORTHINGTON MA 01098

Title	VP
Name	GAILEY, JOLENE
Address	2343 W. OLD AJO HWY
City-State-Zip:	TUCSON AZ 85746-9113

Title	DIRECTOR
Name	MARSHALL, CHRISTINA LAURA
Address	505 BOONE AVE SIDE PORCH
City-State-Zip:	KINGSLAND GA 31548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. JACQUELINE ZALESKI MACKENZIE

DP

03/13/2022

Electronic Signature of Signing Officer/Director Detail

Date