

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001929

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**1792901202CC**

**Entity Name:** INSTITUTE FOR SUSTAINABLE COMMUNITIES CORPORATION

**Current Principal Place of Business:**

535 STONE CUTTERS WAY  
MONTPELIER, VT 05602

**Current Mailing Address:**

535 STONE CUTTERS WAY  
MONTPELIER, VT 05602

**FEI Number: 22-3098727**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name CONDON, ANN  
Address 389 SOUTH PINE CREEK RD  
City-State-Zip: FAIRFIELD CT 06824

Title PRESIDENT  
Name HAMILTON, GEORGE  
Address 4640 HOLLISTER HILL RD  
City-State-Zip: MARSHFIELD VT 05648

Title TREASURER  
Name DOOLEY, JOHN JUSTICE  
Address 44 EAST TERRACE  
City-State-Zip: SOUTH BURLINGTON VT 05403

Title SR. FINANCE MANAGER  
Name CHRISTINE , SETTLES  
Address 27 HIGHLAND AVE  
City-State-Zip: RANDOLPH VT 05060

Title CHAIRMAN  
Name LASH, JONATHAN  
Address 15 MIDDLE ST  
City-State-Zip: AMHERST MA 01002

Title VC  
Name BENNETT, LUANN  
Address 3252 WINCHESTER RD.  
City-State-Zip: DELAPLANE VA 20144

*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: CHRISTINE SETTLES**

**SR. FINANCE MANAGER**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date