

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006547

FILED
Apr 06, 2009
Secretary of State

Entity Name: NEW ENGLAND KURN HATTIN HOMES, INC.

Current Principal Place of Business:

708 KURN HATTIN RD.
WESTMINSTER, VT 05158

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 127
WESTMINSTER, VT 05158

New Mailing Address:

FEI Number: 03-0179306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, KENNETH B. ESQ.
1155 LOUISIANA AVE., STE. 100
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WILLIAMS, RONALD M.
Address: 83 FIELD BROOK RD.
City-St-Zip: MADISON, CT 06443

Title: D () Delete
Name: MAYSILLES, DAVID J.
Address: P.O. BOX 794
City-St-Zip: WALPOLE, NH 03608

Title: P () Delete
Name: VIOLETTE, ROBERTA
Address: 56 QUEENSWOOD RD.
City-St-Zip: NEW LONDON, NH 03257

Title: V () Delete
Name: NOSTRAND, GEORGE
Address: P.O. BOX 535
City-St-Zip: BELLOWS FALLS, VT 05101

Title: S () Delete
Name: MAIOLA, ELIZABETH
Address: P.O. BOX 553
City-St-Zip: NEWPORT, NH 03773

Title: T () Delete
Name: SVENDSEN, PETER CPA
Address: P.O. BOX 598
City-St-Zip: SPRINGFIELD, VT 05156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WILSON, JANET
Address: BARNETT HILL RD.
City-St-Zip: WALPOLE, NH 01308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER W. BARRY

E.D.

04/06/2009

Electronic Signature of Signing Officer or Director

Date