

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002968

FILED
Jan 14, 2009
Secretary of State

Entity Name: SUMMERLAND MONASTERY INC., ATC

Current Principal Place of Business:

SUMMERLAND MONASTERY AT WINDTREE RANCH
4200 E. SUMMERLAND ROAD
DOUGLAS, AZ 856075271

New Principal Place of Business:

Current Mailing Address:

SUMMERLAND MONASTERY AT WINDTREE RANCH
4200 E. SUMMERLAND ROAD
DOUGLAS, AZ 856075271

New Mailing Address:

SUMMERLAND MONASTERY AT WINDTREE RANCH
2343 WEST OLD AJO WAY
TUCSON, AZ 857469113

FEI Number: 59-3246709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHOTOGRPHICS BY BILL KILBORN
423 N.E. 6TH AVE
TRENTON, FL 32693 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: DP () Delete
Name: MACKENZIE, JACQUELINE Z REV
Address: WINDTREE RANCH 4200 E. SUMMERLAND RD.
City-St-Zip: DOUGLAS, AZ 856079802

Title: VD () Delete
Name: MACKENZIE, DONALD J
Address: WINDTREE RANCH 4200 E. SUMMERLAND RD.
City-St-Zip: DOUGLAS, AZ 856079802

Title: D () Delete
Name: DAVIS, PETE R RT REV
Address: 48631 RIVER PARK DR
City-St-Zip: INDEX, WA 98256

Title: DS () Delete
Name: FORGHANI, CAROL
Address: 556 MORELAND AVE. N.E UNIT G
City-St-Zip: ATLANTA, GA 30307

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

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:

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: JACQUELINE Z MACKENZIE

DP

01/14/2009

Electronic Signature of Signing Officer or Director

Date