

Filed
Secretary of State
State of Washington
Date Filed: 12/05/2018
Effective Date: 12/05/2018
UBI #: 602 354 450

## ANNUAL REPORT

# **BUSINESS INFORMATION**

**Business Name:** 

STILLAGUAMISH GARDENS

UBI Number: **602 354 450** 

Business Type:

WA NONPROFIT CORPORATION

**Business Status:** 

**ACTIVE** 

Principal Office Street Address:

18318 SMOKEY POINT BLVD, ARLINGTON, WA, 98223-1801, UNITED STATES

Principal Office Mailing Address:

18308 SMOKEY POINT BLVD, ARLINGTON, WA, 98223-7825, UNITED STATES

Expiration Date: **01/31/2020** 

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

01/02/2004

Period of Duration:

12/31/2060

Inactive Date:

Nature of Business:

**CHARITABLE** 

# REGISTERED AGENT

Registered Agent

Name Street Address Mailing Address

**STILLAGUAMISH** 

18318 SMOKEY POINT BLVD,

GARDENS ARLINGTON, WA, 98223-1801, UNITED

STATES

18308 SMOKEY POINT BLVD,

ARLINGTON, WA, 98223-7825, UNITED STATES

## PRINCIPAL OFFICE

Phone:

360-653-4551

Work Order #: 2018120400576242 - 1 Received Date: 12/04/2018

Amount Received: \$10.00

Email:

**DKLEMENS@STILLYCENTER.ORG** 

Street Address:

18318 SMOKEY POINT BLVD, ARLINGTON, WA, 98223-1801, UNITED STATES

Mailing Address:

18308 SMOKEY POINT BLVD, ARLINGTON, WA, 98223-7825, UNITED STATES

#### **GOVERNORS**

Title	<b>Governor Type</b>	<b>Entity Name</b>	First Name	Last Name
GOVERNOR	INDIVIDUAL		KATHY	MCCONE
GOVERNOR	INDIVIDUAL		MICHELLE	SAND
GOVERNOR	INDIVIDUAL		CATHY	NAIRN

### NATURE OF BUSINESS

Nature of Business:

**CHARITABLE** 

#### **EFFECTIVE DATE**

Effective Date:

12/05/2018

## CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

NO

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

NO

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

NO

## RETURN ADDRESS FOR THIS FILING

Attention:

**DANETTE KLEMENS** 

Email:

**DKLEMENS@STILLYCENTER.ORG** 

Address:

18308 SMOKEY POINT BLVD, ARLINGTON, WA, 98223-7825, UNITED STATES

# UPLOAD ADDITIONAL DOCUMENTS

Name Document Type

2017 Stillaguamish Gardens Audit Report 11-26-18.pdf UPLOADED DOCUMENT

#### **EMAIL OPT-IN**

Work Order #: 2018120400576242 - 1 Received Date: 12/04/2018

Amount Received: \$10.00

I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

# **AUTHORIZED PERSON - STAFF CONSOLE**

Document is signed.

Person Type:

ENTITY

First Name: **DANETTE** 

Last Name: **KLEMENS** 

Entity Name:

STILLAGUAMISH GARDENS

Title:

**EXECUTIVE DIRECTOR** 

Work Order #: 2018120400576242 - 1 Received Date: 12/04/2018

**Amount Received: \$10.00**