



Pathways of Healing

PO Box 1555 • Peña Blanca • New Mexico • 87041

www.PathwaysOfHealingNM.org

New Mexico Domestic Non-Profit Corporate Report
Filed with New Mexico Public Regulation Commission (PRC)
January 2013



Pathways of Healing

PO Box 1555 • Peña Blanca • New Mexico • 87041

www.PathwaysOfHealingNM.org

Return To:
NM Public Regulation Commission
Corporations Bureau
P.O. Box 1269, Santa Fe, NM, 87504-1269

DOMESTIC NONPROFIT CORPORATE REPORT

For taxable year ending: 12/31/2012

1	EXACT CORPORATE NAME AND U.S MAILING ADDRESS	Name	PATHWAYS OF HEALING				
		Address	6436 VOOSCANE, P.O. Box 1555				
		City, State, Zip	COCHITI LAKE, NM, 87083 PENABLANCA 87041				
2	PRINCIPAL PLACE OF BUSINESS IN NEW MEXICO		3	NMPRC#	(a) Email:		
	Street	6436 VOOSCANE				4014775	SUEKINZIE2@AOL.COM
	City, Zip	COCHITI LAKE 87083					
4 REGISTERED AGENT AND OFFICE LOCATION WITHIN NEW MEXICO FOR SERVICE OF PROCESS (Filing Corporation cannot be its own agent)							
Name		AgentName SUSAN KINZIE					
Address		6436 VOOSCANE					
City, State, Zip		COCHITI LAKE ,NM, 87083					
5 BRIEF STATEMENT OF CHARACTER AFFAIRS BEING CONDUCTED THE BUSINESS IS AN ANIMAL SANCTUARY WHICH PROVIDES TRANSPORT AND FOOD TO OTHER RESCUES. IT ALSO PROVIDES EDUCATION AND PET THERAPY TO FACILITIES WITHIN NEW MEXICO.							
6 DIRECTORS AND OFFICERS List the names and addresses of ALL directors and officers and identify every title each director holds. A New Mexico non-profit corporation shall have not less than 3 directors.							
	Officer/Title	Name	Address (street, city, state, zip)		Additional Titles(Optional)		
	Director						
	Director						
	Director						
	President	SUSAN KINZIE	6436 VOOSCANE COCHITI LAKE NM 87083				
	Vice President	COOKIE NORRIS	PO BOX 1717 TUCUMAN NM 87059				
	Secretary	DAVID CRAIG	6455 VOOSCANE COCHITI LAKE NM 87083				
	Treasurer	RAYMOND SANDOR	6415 VOOSCANE COCHITI LAKE NM 87083				
Attach Schedule of additional directors and officers if needed							
7 SIGNATURE S Under penalties of perjury, we declare and affirm that we have examined this report, including the accompanying schedules and statements, and that all statements contained therein are true and correct.							
	Date	Printed Name	Signature		Title		
		SUSAN L KINZIE	Susan L Kinzie		PRESIDENT		
		DAVID CRAIG	David T Craig		SECRETARY		
8 PAYMENT OF FILING FEE AND LATE FILING PENALTY							
a	Report filing fee	\$ 10.00		NMPRC USE ONLY			
b	Late filing penalty(\$10.00) except supplemental IRS or PRC extension, if any must be submitted with this report			Amount Remitted	Postmark Date		
c	TOTAL AMOUNT DUE WITH CORPORATE REPORT (LINES a+b)						
PLEASE DO NOT SUBMIT CASH FOR PAYMENT							

Filed: 1/2013