

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214504053

1.) CORPORATION NAME:

**LLOYD WILLIAMS POST NO. 41 OF THE
AMERICAN LEGION, INCORPORATED**

DUE DATE: **3/31/2014**

SCC ID NO: **00230680**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT A FERREBEE
PO BOX 507
BERRYVILLE, VA**

5.) STOCK INFORMATION

| | |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CLARKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 507

CITY/ST/ZIP: BERRYVILLE, VA 22611

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|----------------------|---|--|
| NAME: | MICHAEL LINSTER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 104 LINSTER LN | | |
| CITY/ST/ZIP/CO: | BERRYVILLE, VA 22611 | | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| NAME: | BRIANA R. KELLY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 173 LINSTER LANE | | |
| CITY/ST/ZIP/CO: | BERRYVILLE, VA 22611 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | ROBERT A FERREBEE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 205 HENDERSON CT | | |
| CITY/ST/ZIP/CO: | BERRYVILLE, VA 22611 | | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| NAME: | LARRY W HARDESTY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1125 CLIFTON ROAD | | |
| CITY/ST/ZIP/CO: | BERRYVILLE, VA 22611 | | |

| | | | |
|-----------------|-------------------------|----------------------------------|--|
| NAME: | TYREL W. HAYTON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 221 TURTLE MEADOW DRIVE | | |
| CITY/ST/ZIP/CO: | WINCHESTER, VA 22602 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL LINSTER

MICHAEL LINSTER, PRESIDENT

1/16/2014

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.