

1.) CORPORATION NAME:

**WEYERS CAVE VOLUNTARY FIRE COMPANY,  
INCORPORATED**

DUE DATE: **5/14/2012**

SCC ID NO: **00576694**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOEL T SOUDERS  
1235 KEEZLETOWN RD  
PO BOX 69**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**WEYERS CAVE, VA 24486**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**AUGUSTA COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1235 KEEZLETOWN ROAD

CITY/ST/ZIP: WEYERS CAVE, VA 24486

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	IAN HEATWOLE	
TITLE:	PRESIDENT	
ADDRESS:	825 CHAPEL HILL LANE	
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KARL STOLTZFUS	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO BOX 146	
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRITTANY WAMPLER	
TITLE:	SECRETARY	
ADDRESS:	54 BRENDAN LANE	
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CARLOTTA BEATHE	
TITLE:	TREASURER	
ADDRESS:	651 LITTLE RUN ROAD	
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JASON BALL	
TITLE:	DIRECTOR	
ADDRESS:	11 WHISTLE LANE	
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LINDA BEATHE	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 151	
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486	

NAME:                    JOE BUSH TITLE:                    DIRECTOR ADDRESS:                745 HEWITT ROAD CITY/ST/ZIP/CO:        SWOOPE, VA 24479	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                    MATT RUFF TITLE:                    DIRECTOR ADDRESS:                PO BOX 9 CITY/ST/ZIP/CO:        WEYERS CAVE, VA 24486	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                    JOEL T SOUDERS TITLE:                    DIRECTOR ADDRESS:                PO BOX 1043 CITY/ST/ZIP/CO:        GROTTOES, VA 24441	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                    BRIAN GARBER TITLE:                    DIRECTOR ADDRESS:                848 KNIGHTLY MILL ROAD CITY/ST/ZIP/CO:        MOUNT SIDNEY, VA 24467	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ JOEL T SOUDERS	JOEL T SOUDERS, DIRECTOR	5/14/2012
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.		