

1.) CORPORATION NAME:

**WEYERS CAVE VOLUNTARY FIRE COMPANY,
INCORPORATED**

DUE DATE: **6/2/2013**

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
-------	------------

WEYERS CAVE, VA

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.

NAME:	IAN HEATWOLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	825 CHAPEL HILL LANE		
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486		
NAME:	KARL STOLTZFUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 146		
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486		
NAME:	CARLOTTA BEATHE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	651 LITTLE RUN ROAD		
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486		
NAME:	BRANDI MOAD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	97 SOUTH RIVER ROAD		
CITY/ST/ZIP/CO:	GROTTOES, VA 24441		
NAME:	JASON BALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11 WHISTLE LANE		
CITY/ST/ZIP/CO:	WEYERS CAVE, VA 24486		
NAME:	LINDA BEATHE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: 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
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: GROTTUES, VA 24441	<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	6/2/2013
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.		