

1.) CORPORATION NAME:

THE LIONS CLUB OF GALAX, VIRGINIA, INCORPORATED

DUE DATE: **12/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
GRAHAM M PARKS
208 W GRAYSON ST
GALAX, VA 24333**

SCC ID NO: **00682005**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

GALAX CITY (FILED IN GRAYSON COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BOX 277

CITY/ST/ZIP: GALAX, VA 24333-

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: NANCY MCKENZIE
TITLE: TREASURER
ADDRESS: PO BOX 612
CITY/ST/ZIP/CO: GALAX, VA 24333-

OFFICER

DIRECTOR

NAME: LAILA G COX
TITLE: SECRETARY
ADDRESS: 564 MARTHA'S KNOB RD
CITY/ST/ZIP/CO: GALAX, VA 24333-

OFFICER

DIRECTOR

NAME: MARY COULSON
TITLE: DIRECTOR
ADDRESS: 3612 AIRPORT ROAD
CITY/ST/ZIP/CO: HILLSVILLE, VA 24343-

OFFICER

DIRECTOR

NAME: MARY LYNN TERRY
TITLE: PRESIDENT
ADDRESS: 813 JOY RANCH ROAD
CITY/ST/ZIP/CO: WOODLAWN, VA 24381-

OFFICER

DIRECTOR

NAME: RALPH VAUGHN
TITLE: 1ST VP
ADDRESS: 320 FOX RUN DR
CITY/ST/ZIP/CO: GALAX, VA 24333-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAROLD GOLDING 2ND VP 3164 AIRPORT RD HILLSVILLE, VA 24343-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PRISCILLA RICHARDSON TAIL TWISTER 1835 JULIA SIMPKINS RD HIWASSEE, VA 24347-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARDITH NUCKLES LION TAMER 403 COUNTRY CLUB LN GALAX, VA 24333-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENNIS MORRIS MEMBERSHIP CHAI 2247 PIPERS GAP RD GALAX, VA 24333-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEGGY MCCALL DIRECTOR 320 MAX LN GALAX, VA 24333-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY LYNN TERRY DIRECTOR 813 JOY RANCH RD GALAX, VA 24333-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ LAILA G COX	LAILA G COX, SECRETARY	12/31/2010
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.