

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

**TIDEWATER POST 327 ASSOCIATION**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **00685701**

**DAVID A BIRCH  
9222 PHILLIP AVE  
NORFOLK, VA 23503**

5.) STOCK INFORMATION

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

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 705 LESNER AVE

CITY/ST/ZIP: NORFOLK, VA 23518

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: TONY MOORE TITLE: PRESIDENT ADDRESS: 3108 BROOKNEAL CT CITY/ST/ZIP/CO: NORFOLK, VA 25303	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LEONARD FREDERICK TITLE: TREASURER ADDRESS: 8233 SIMONS DR CITY/ST/ZIP/CO: NORFOLK, VA 23505	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETTY J MILLER TITLE: SECRETARY ADDRESS: 2738 CONSOLE AVE CITY/ST/ZIP/CO: NORFOLK, VA 23518	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James V Dunning TITLE: VICE PRESIDENT ADDRESS: 637 summers DR CITY/ST/ZIP/CO: NORFOLK, VA 23509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LLOYD CEVORA TITLE: DIRECTOR ADDRESS: 137 BAILEY ST CITY/ST/ZIP/CO: NORFOLK, VA 23518	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: mary lee lupejkis TITLE: DIRECTOR ADDRESS: 6438grimes ave CITY/ST/ZIP/CO: norfolk, VA 23518	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: alonzo m scott TITLE: DIRECTOR ADDRESS: 310 forrest ave CITY/ST/ZIP/CO: norfolk, VA 23505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: walter g mason TITLE: DIRECTOR ADDRESS: 8284 fernwood dr CITY/ST/ZIP/CO: norfolk, VA 23518	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: carl carney TITLE: DIRECTOR ADDRESS: 8129 colin dr CITY/ST/ZIP/CO: norfolk, VA 23518	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: brian k bell TITLE: DIRECTOR ADDRESS: 1024 lindale ln CITY/ST/ZIP/CO: norfolk, VA 23503	<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/ LEONARD FREDERICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LEONARD FREDERICK, TREASURER PRINTED NAME AND CORPORATE TITLE	2/26/2013 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.		