

1.) CORPORATION NAME:

GROVE PARK RECREATION, INCORPORATED

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JOHN H HEARD

124 S UNION ST

DANVILLE, VA 24541

SCC ID NO: **00788026**

5.) STOCK INFORMATION

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

DANVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 2478

CITY/ST/ZIP: DANVILLE, VA 24541-0478

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: NORMAN DILLON
TITLE: TREASURER
ADDRESS: 308 PENDLETON RD
CITY/ST/ZIP/CO: DANVILLE, VA 24541-

OFFICER DIRECTOR

NAME: JAN RICHARDSON
TITLE: SECRETARY
ADDRESS: 456 S WOODBERRY AVENUE
CITY/ST/ZIP/CO: DANVILLE, VA 24540-

OFFICER DIRECTOR

NAME: KATHY SETLIFF
TITLE: PRESIDENT
ADDRESS: 402 SOUTHLAND DRIVE
CITY/ST/ZIP/CO: DANVILLE, VA 24541-

OFFICER DIRECTOR

NAME: JOHN HOLSHOUSER
TITLE: VICE PRESIDENT
ADDRESS: 148 ELON PLACE
CITY/ST/ZIP/CO: DANVILLE, VA 24540-

OFFICER DIRECTOR

NAME: KIM BEBEAU
TITLE: DIRECTOR
ADDRESS: 143 LINDEN DR
CITY/ST/ZIP/CO: DANVILLE, VA 24541-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM BUSHONG DIRECTOR 367 UPDIKE PL DANVILLE, VA 24541-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KANCHAN CLARK DIRECTOR 118 BEAVERBROOK CT DANVILLE, VA 24541-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE HARRIS DIRECTOR 300 HAWTHORNE DR DANVILLE, VA 24541-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN HOPKINS DIRECTOR 122 BRIARCLIFF LA DANVILLE, VA 24541-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARLAND LEWIS DIRECTOR 244 GROVE PARK CR DANVILLE, VA 24541-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM MINTER DIRECTOR 430 CHADWYCK DR DANVILLE, VA 24541-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERAMY NICHOLS DIRECTOR 127 SOUTHLAND CT DANVILLE, VA 24541-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN RANSON DIRECTOR 419 SOUTHLAND DR DANVILLE, VA 24541-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE STEPHENS DIRECTOR 212 PENDLETON RD DANVILLE, VA 24541-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE WHITLOW DIRECTOR 144 BEVERLEY RD DANVILLE, VA 24541-	<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/ NORMAN DILLON	NORMAN DILLON, TREASURER	8/11/2011
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.