

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214547958
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1.) CORPORATION NAME: BRIERY COUNTRY CLUB, INC.	DUE DATE: 9/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARSHALL L ELLETT 111 N MAIN ST STE 102 FARMVILLE, VA	SCC ID NO: 00846238				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE EDWARD COUNTY	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: VA	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 357
ATTEN: KIM NEWCOMB

CITY/ST/ZIP: KEYSVILLE, VA 23947

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: WARREN AGEE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: P O BOX 605				
CITY/ST/ZIP/CO: KEYSVILLE, VA 23947				

NAME: MATT DUNN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 3750 CRAB ORCHARD ROAD				
CITY/ST/ZIP/CO: KEYSVILLE, VA 23947				

NAME: KIM NEWCOMB	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: P.O. BOX 692				
CITY/ST/ZIP/CO: KEYSVILLE, VA 23947				

NAME: CHUCK BRYANT	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: PO BOX 491				
CITY/ST/ZIP/CO: KEYSVILLE, VA 23947				

NAME: CHAD LIPSCOMB	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: PO BOX 126				
CITY/ST/ZIP/CO: PHENIX, VA 23959				

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/ KIM NEWCOMB	KIM NEWCOMB, TREASURER	10/28/2014
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.