

1.) CORPORATION NAME:

BRANCHVILLE COMMUNITY CENTER, INCORPORATED

DUE DATE: **2/29/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NANCY BARRETT
GENERAL DELIVERY
BRANCHVILLE, VA**

SCC ID NO: **00894139**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

SOUTHAMPTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 33300 BRANCH BRIDGE RD

CITY/ST/ZIP: BRANCHVILLE, VA 23828

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 BARRETT TITLE: PRESIDENT ADDRESS: 33300 BRANCH BRIDGE RD. CITY/ST/ZIP/CO: BRANCHVILLE, VA 23828	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HARRELL TURNER TITLE: VICE PRESIDENT ADDRESS: 14045 WALLER ROAD CITY/ST/ZIP/CO: BRANCHVILLE, VA 23828	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DIANNE UMPHLETT TITLE: S/T ADDRESS: PO BOX 112 CITY/ST/ZIP/CO: BRANCHVILLE, VA 23828	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HORACE EDWARDS TITLE: DIRECTOR ADDRESS: PO BOX 12 CITY/ST/ZIP/CO: BRANCHVILLE, VA 23828	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GAIL MCPHERSON TITLE: DIRECTOR ADDRESS: 15313 WHITEHEAD RD CITY/ST/ZIP/CO: BRANCHVILLE, VA 23828	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE RAWLINGS TITLE: DIRECTOR ADDRESS: PO BOX 478 CITY/ST/ZIP/CO: BOYKINS, VA 23827	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MARK TURNER TITLE: DIRECTOR ADDRESS: 31468 VICKS MILLPOND RD CITY/ST/ZIP/CO: BRANCHVILLE, VA 23828	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
-------------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

NAME: W H UMPHLETT JR TITLE: DIRECTOR ADDRESS: PO BOX 112 CITY/ST/ZIP/CO: BRANCHVILLE, VA 23828	<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/ DIANNE UMPHLETT	DIANNE UMPHLETT, S/T	2/25/2016
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.