

1.) CORPORATION NAME:

GOOCHLAND RECREATIONAL CENTER INCORPORATED

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**J STEVEN ERIE
LAW OFFICE OF J STEVEN ERIE
7816 LITTLE RIDGE CT**

SCC ID NO: **00938639**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHESTERFIELD, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 33
2415 SANDY HOOK RD

CITY/ST/ZIP: GOOCHLAND, VA 23063

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:	RICHARD J TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1033 POTHOLE ROAD		
CITY/ST/ZIP/CO:	MANAKIN-SABOT, VA 23103		

NAME:	LINWOOD J COWAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3396 PACE ROAD		
CITY/ST/ZIP/CO:	GOOCHLAND, VA 23103		

NAME:	JANE J ALLEN-BOWLES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2667 BROAD STREET ROAD		
CITY/ST/ZIP/CO:	GUM SPRING, VA 23065		

NAME:	EVA C ANTHONY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	FINANCIAL SECTY		
ADDRESS:	P O BOX 73		
CITY/ST/ZIP/CO:	GOOCHLAND, VA 23063		

NAME:	YVETTE MCDERMOTT THOMAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3785 GRAY LANE		
CITY/ST/ZIP/CO:	GOOCHLAND, VA 23063		

NAME:	BRENDA S. AHMAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1425 SARGENT RD		
CITY/ST/ZIP/CO:	CROZIER, VA 23039		

NAME: JAMES H BOWLES, M D TITLE: DIRECTOR ADDRESS: 2667 BROAD STREET ROAD CITY/ST/ZIP/CO: GUM SPRING, VA 23065	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ELLEN S. JOHNSON TITLE: DIRECTOR ADDRESS: 1439 SARGENT RD CITY/ST/ZIP/CO: CROZIER, VA 23039	<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/ RICHARD J TAYLOR	RICHARD J TAYLOR, PRESIDENT	5/7/2014
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.