

1.) CORPORATION NAME:

MONTICELLO AREA COMMUNITY ACTION AGENCY

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DOUGLAS E LITTLE
710 E HIGH ST
PO BOX 254**

SCC ID NO: **01050913**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHARLOTTESVILLE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1025 PARK ST

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901

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:	KANDICE BAUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	546 WALDROP ROAD		
CITY/ST/ZIP/CO:	GORDONSVILLE, VA 22942		

NAME:	LIBBY EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	627 FOX HOLLOW LANE		
CITY/ST/ZIP/CO:	PALMYRA, VA 22963		

NAME:	GARRETT SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	610 WEST RIO RD.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	BARBARA MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	1025 PARK ST		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	VANESSA M. EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	102 BRANDYWINE COURT		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	MELVIN GUSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1619 A MADISON AVENUE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME: JOY JOHNSON TITLE: DIRECTOR ADDRESS: 823 D HARDY DRIVE CITY/ST/ZIP/CO: CHARLOTTEVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS KABBASH TITLE: DIRECTOR ADDRESS: PO BOX 496 CITY/ST/ZIP/CO: CHARLOTTEVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BERNARD WELLS TITLE: DIRECTOR ADDRESS: 1462 MONTEREY DRIVE CITY/ST/ZIP/CO: CHARLOTTEVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAMANTHA WOOD TITLE: DIRECTOR ADDRESS: 2401 PROFFIT ROAD CITY/ST/ZIP/CO: CHARLOTTEVILLE, VA 22911	<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/ GARRETT SMITH	GARRETT SMITH, PRESIDENT	4/12/2013
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.		