

1.) CORPORATION NAME:

**Virginia Community Action Partnership**

DUE DATE: **2/22/2012**

SCC ID NO: **01152271**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
DAVID R SIMONSEN JR  
8003 FRANKLIN FARMS DR STE 131  
RICHMOND, VA 23229-5107**

5.) STOCK INFORMATION

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

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 707 E FRANKLIN ST STE B

CITY/ST/ZIP: RICHMOND, VA 23219-

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: JIM MUNDY  
TITLE: PRESIDENT  
ADDRESS: 926 COMMERCE STREET  
CITY/ST/ZIP/CO: LYNCHBURG, VA 24504-

OFFICER

DIRECTOR

NAME: JEFFREY NORTH  
TITLE: TREASURER  
ADDRESS: 1200 ELECTRIC RD  
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER

DIRECTOR

NAME: ROBERT GOLDSMITH  
TITLE: VICE PRESIDENT  
ADDRESS: 1173 WEST MAIN STREET  
CITY/ST/ZIP/CO: ABINGDON, VA 24210-

OFFICER

DIRECTOR

NAME: TERRY SMUSZ  
TITLE: PARLIAMENTARIAN  
ADDRESS: 1093 EAST MAIN STREET  
CITY/ST/ZIP/CO: RADFORD, VA 24141-

OFFICER

DIRECTOR

NAME: ANGIE SPROLES  
TITLE: SECRETARY  
ADDRESS: 190 BEECH ST STE 103  
CITY/ST/ZIP/CO: GATE CITY, VA 24251-

OFFICER

DIRECTOR

NAME: SHERMAN SAUNDERS TITLE: IMM. PAST PRES. ADDRESS: 648 NORTH MAIN STREET CITY/ST/ZIP/CO: CHATHAM, VA 24531-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: REBA BOLDEN TITLE: DIRECTOR ADDRESS: 312 WALLER MILL ROAD STE 405 CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WENDELL BRAXTON TITLE: DIRECTOR ADDRESS: 2410 WICKHAM AVENUE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23607-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HOPE CUPIT TITLE: DIRECTOR ADDRESS: 347 CAMPBELL AVENUE SW CITY/ST/ZIP/CO: ROANOKE, VA 24016-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TED EDLICH TITLE: DIRECTOR ADDRESS: 145 CAMPBELL AVENUE SW CITY/ST/ZIP/CO: ROANOKE, VA 24011-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHUCK EMMONS TITLE: DIRECTOR ADDRESS: 12025 COURTHOUSE CIRCLE CITY/ST/ZIP/CO: NEW KENT, VA 23124-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JON MORRIS TITLE: DIRECTOR ADDRESS: 200 DENT STREET CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151-	<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.	
<u>/s/ JIM MUNDY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JIM MUNDY, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE
<u>2/22/2012</u> 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.	