

1.) CORPORATION NAME:

**EASTERN SHORE OF VIRGINIA ASSOCIATION
FORRETTED CITIZENS, INCORPORATED**

DUE DATE: **5/29/2013**

SCC ID NO: **01205137**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HERMAN B WALKER
PO BOX 1136
EXMORE, VA**

5.) STOCK INFORMATION

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

NORTHAMPTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 626

CITY/ST/ZIP: EXMORE, VA 23350

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:	BARBARA HAYNES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 552		
CITY/ST/ZIP/CO:	NASSAWADOX, VA 23413		

NAME:	FRANK JAMES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P O BOX 282		
CITY/ST/ZIP/CO:	NASSAWADOX, VA 23413		

NAME:	PEGGY DOWNING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORR SEC		
ADDRESS:	P O BOX 1		
CITY/ST/ZIP/CO:	FRANKTOWN, VA 23354		

NAME:	JOHN DOWNING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 527		
CITY/ST/ZIP/CO:	ONANOCK, VA 23417		

NAME:	ANITA SATTERWHITE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17390 BIG ROAD		
CITY/ST/ZIP/CO:	BLOXOM, VA 23308		

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/ BARBARA HAYNES	BARBARA HAYNES, PRESIDENT	5/29/2013
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.