

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214526210

1.) CORPORATION NAME:

The Steward School

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LISA DWELLE
THE STEWARD SCHOOL
11600 GAYTON RD**

SCC ID NO: **01322270**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11600 GAYTON ROAD

CITY/ST/ZIP: RICHMOND, VA 23238

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: G. Daniel Frank
TITLE: PRES/HEADMASTER
ADDRESS: 11600 GAYTON ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23238

OFFICER DIRECTOR

NAME: LAWRENCE EIBEN
TITLE: TREASURER
ADDRESS: 22 LOWER TUCKAHOE ROAD WEST
CITY/ST/ZIP/CO: RICHMOND, VA 23238

OFFICER DIRECTOR

NAME: LISA DWELLE
TITLE: ASST TREASURER
ADDRESS: 11600 GAYTON RD
CITY/ST/ZIP/CO: RICHMOND, VA 23238

OFFICER DIRECTOR

NAME: MARIA JONES
TITLE: CHAIRMAN
ADDRESS: 104 FOX GATE LANE
CITY/ST/ZIP/CO: RICHMOND, VA 23238

OFFICER DIRECTOR

NAME: FAISAL QURESHI
TITLE: SECRETARY
ADDRESS: 1737 CLOISTER DRIVE
CITY/ST/ZIP/CO: RICHMOND, VA 23238

OFFICER DIRECTOR

NAME: JAMES STUTTS
TITLE: VICE CHAIRMAN
ADDRESS: 5 Bridgeway Road
CITY/ST/ZIP/CO: Richmond, VA 23226

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT BROOKS DIRECTOR 1804 WEATHER VANE CT RICHMOND, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM BURRESS DIRECTOR 1803 OLD BRICK ROAD GLENN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TANYA CUMMINGS DIRECTOR 925 MILLERS LANE MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW ERNST DIRECTOR 5105 STRATFORD CRESCENT RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA FORNASH DIRECTOR 3407 ROBIOUS FOREST WAY MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY W FRENCH DIRECTOR 661 MEADEOW RIDGE LANE MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELANIE GOODPASTURE DIRECTOR 13432 FARRINGTON ROAD ASHLAND, VA 23005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE HANGER DIRECTOR 109 WEST SQUARE DRIVE RICHMOND, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN C. HENDERSON DIRECTOR 715 BIG WOODS PLACE MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. KIM PENBERTHY DIRECTOR 930 MERCHANT LEE PLACE MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAY POLING DIRECTOR 712 BIG WOODS PLACE MANAKIN SABOT, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN B SCOTT DIRECTOR 4919 LOCKGREEN CIRCLE RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD STEEBER DIRECTOR 8904 GINGER WAY CT RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN-MARIE TREPP DIRECTOR 12803 LEFFINGWELL COURT RICHMOND, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. NEIL TURNAGE DIRECTOR 1213 WARREN AVE RICHMOND, VA 23227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE C WOODFIN DIRECTOR 4507 SULGRAVE ROAD RICHMOND, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES TERRY DIRECTOR 8 SOUTH WILTON ROAD RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN TWINING DIRECTOR 11901 GLEN GARY COURT RICHMOND, VA 23233	<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/ LISA DWELLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA DWELLE, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	5/21/2014 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.			