

1.) CORPORATION NAME: <b>FORTSMOUTH HOUSE CLUB, INC.</b>	DUE DATE: <b>9/30/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CHRIS HASKINS 53A LOWER VALLEY STRABURG, VA</b>	SCC ID NO: <b>01342468</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>WARREN COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 53 A LOWER VALLEY RD  
CITY/ST/ZIP: STRASBURG, VA 22657

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: SARAH CANFIELD-FULLER	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 128 VALLEY OVERLOOK COURT				
CITY/ST/ZIP/CO: STRASBURG, VA 22657				

NAME: BARBARA A WATSON	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 197 DEER PL CT				
CITY/ST/ZIP/CO: STRASBURG, VA 22657				

NAME: MARIA SANDDERS	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 188 VALLEY OVERLOOK CT				
CITY/ST/ZIP/CO: STRASBURG, VA 22657				

NAME: DARRYL WINDHAM	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: *				
CITY/ST/ZIP/CO: , , FN				

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/ SARAH CANFIELD-FULLER	SARAH CANFIELD-FULLER,	9/30/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.