

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213553038

1.) CORPORATION NAME:

Gunston Hall Foundation

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID J GOGAL
BLANKINSHIP & KEITH PC
4020 UNIVERSITY DR STE 300**

SCC ID NO: **01414945**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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FAIRFAX, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10709 GUNSTON RD

CITY/ST/ZIP: LORTON, VA 22079

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:	MRS JOHN VAN ALLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	228 E MOUNTAIN VIEW DRIVE		
CITY/ST/ZIP/CO:	SHERIDAN, WY 82801		

NAME:	MRS LAURA S JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1468 BUCKSHUTEM ROAD		
CITY/ST/ZIP/CO:	MILLVILLE, NJ 08332-7517		

NAME:	MRS ROBERT HOLT JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 100		
CITY/ST/ZIP/CO:	CENTER CROSS, VA 22437		

NAME:	MRS. JESSE BOUNDS HORST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	29674 S BAYSHORE DRIVE		
CITY/ST/ZIP/CO:	ORANGE BEACH, AL 36561		

NAME:	MRS. MAX M. LEVY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	315 Clearfield Drive		
CITY/ST/ZIP/CO:	Lincoln University, PA 19352-9004		

NAME:	MRS. RODNEY R. INGHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Barley Mill Courts 1000 Thaxten Lane		
CITY/ST/ZIP/CO:	Wilmington, DE 19807		

NAME:	MRS. HENRY R. RAAB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3801 Lanark Road		
CITY/ST/ZIP/CO:	Coopersburg , PA 18036-9313		
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/ MRS. HENRY R. RAAB	MRS. HENRY R. RAAB, DIRECTOR	11/1/2013	
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.			