

1.) CORPORATION NAME: **INDIAN ACRES CLUB OF THORNBURG, INC.** DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **DONNA WALTHALL** SCC ID NO: **01455757**
11612 YORKDALE DRIVE
NORTH PRINCE GEORGE, VA

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6437 MORRIS ROAD
 CITY/ST/ZIP: SPOTSYLVANIA, VA 22551

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:	PAUL A. MARSHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	999 WATERBURY HEIGHTS DRIVE		
CITY/ST/ZIP/CO:	CROWNSVILLE, MD 21032		

NAME:	CHAD D BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	2ND VP/ASST. T		
ADDRESS:	2216 CAROLINE STREET APT 506		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

NAME:	PAUL H. MEEKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	6627 SHEPHERDSTOWN ROAD		
CITY/ST/ZIP/CO:	WARRENTON, VA 20187		

NAME:	SHERRY EPPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10029 OLD RIDGE ROAD		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005		

NAME:	TABATHA HETRICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	109 GILMORE STREET		
CITY/ST/ZIP/CO:	GLEN BURNIE, MD 21061		

NAME:	DONNA WALTHALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	11612 YORKDALE DRIVE		
CITY/ST/ZIP/CO:	NORTH PRINCE GEORGE, VA 23860		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GENE RICCI DIRECTOR 20 CONCANNON STREET PROVIDENCE, RI 02904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT SIBERT DIRECTOR 325 ELLA DRIVE LOTHIAN, MD 20711	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHESTER WATERS DIRECTOR 304 ELLSWORTH PLACE OXON HILL, MD 20745	<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/ PAUL A. MARSHALL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL A. MARSHALL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/24/2014 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.			