

1.) CORPORATION NAME:

WOOLWINE VOLUNTEER FIRE DEPARTMENT, INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BENNETT W SHUFF
115 SHUFF RIDGE LN
WOOLWINE, VA 24185**

SCC ID NO: **01458454**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PATRICK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9912 WOOLWINE HWY

CITY/ST/ZIP: WOOLWINE, VA 24185

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:	WARREN FAIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11091 WOOLWINE HWY		
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185		
NAME:	EDDIE HARBOUR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1773 BOB WHITE ROAD		
CITY/ST/ZIP/CO:	STUART, VA 24171		
NAME:	BENNETT W SHUFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	115 SHUFF RIDGE LANE		
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185		
NAME:	DAVID MIDKIFF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	939 RAVEN DEN LANE		
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185		
NAME:	BARRY MORRISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOB WHITE ROAD		
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185, US,US		
NAME:	POSEY BALILES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WOOLWINE HIGHWAY		
CITY/ST/ZIP/CO:	STUART, VA 24171		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALVA MCPEAK DIRECTOR MILLHOUSE ROAD WOOLWINE, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BLANCO MIDKIFF DIRECTOR SYCAMORE LANE STUART, VA 24171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHUCK FREELS DIRECTOR 599 WOODS GAP ROAD WOOLWINE, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LANE FOLEY DIRECTOR 120 LEE ELGIN ROAD STUART, VA 24171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER SCOTT DIRECTOR VALLEY END ROAD STUART, VA 24171	<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/ BENNETT W SHUFF SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BENNETT W SHUFF, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/25/2012 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.			