

1.) CORPORATION NAME:

WOOLWINE VOLUNTEER FIRE DEPARTMENT, INC.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	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:	EDDIE HARBOUR	<input checked="" type="checkbox"/> OFFICER	<input 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:	POSEY BALILES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WOOLWINE HIGHWAY		
CITY/ST/ZIP/CO:	STUART, VA 24171		
NAME:	LANE FOLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 LEE ELGIN ROAD		
CITY/ST/ZIP/CO:	STUART, VA 24171		

NAME: CHUCK FREELS TITLE: DIRECTOR ADDRESS: 599 WOODS GAP ROAD CITY/ST/ZIP/CO: WOOLWINE, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALVA MCPEAK TITLE: DIRECTOR ADDRESS: MILLHOUSE ROAD CITY/ST/ZIP/CO: WOOLWINE, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BLANCO MIDKIFF TITLE: DIRECTOR ADDRESS: SYCAMORE LANE CITY/ST/ZIP/CO: STUART, VA 24171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY MORRISON TITLE: DIRECTOR ADDRESS: BOB WHITE ROAD CITY/ST/ZIP/CO: WOOLWINE, VA, 24185 , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WALTER SCOTT TITLE: DIRECTOR ADDRESS: VALLEY END ROAD CITY/ST/ZIP/CO: STUART, VA 24171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RUSSELL RORRER TITLE: DIRECTOR ADDRESS: WATER FALL LANE CITY/ST/ZIP/CO: 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	BENNETT W SHUFF, SECRETARY	4/14/2013
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.		