

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216515881

1.) CORPORATION NAME:

WOOLWINE VOLUNTEER FIRE DEPARTMENT, INC.

DUE DATE: **5/31/2016**

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.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	WARREN FAIN				
TITLE:	PRESIDENT				
ADDRESS:	11091 WOOLWINE HWY				
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DAVID MIDKIFF				
TITLE:	VICE PRESIDENT				
ADDRESS:	939 RAVEN DEN LANE				
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	EDDIE HARBOUR				
TITLE:	TREASURER				
ADDRESS:	1773 BOB WHITE ROAD				
CITY/ST/ZIP/CO:	STUART, VA 24171				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	BENNETT W SHUFF				
TITLE:	SECRETARY				
ADDRESS:	115 SHUFF RIDGE LANE				
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	POSEY BALILES				
TITLE:	DIRECTOR				
ADDRESS:	4696 WOOLWINE HIGHWAY				
CITY/ST/ZIP/CO:	STUART, VA 24171				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	LANE FOLEY				
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: 171 SYCAMORE BRANCH LANE CITY/ST/ZIP/CO: STUART, VA 24171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY MORRISON TITLE: DIRECTOR ADDRESS: 585 BOB WHITE ROAD CITY/ST/ZIP/CO: WOOLWINE, VA 24185	<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
NAME: WALTER SCOTT TITLE: DIRECTOR ADDRESS: 140 VALLEY END ROAD 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BENNETT W SHUFF, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/27/2016 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.		