

1.) CORPORATION NAME:

ST. CHARLES HEALTH COUNCIL, INC.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GREG EDWARDS
185 REDWOOD AVENUE
SUITE 102**

SCC ID NO: **01481662**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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PENNINGTON GAP, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LEE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 185 REDWOOD AVENUE
SUITE 102

CITY/ST/ZIP: PENNINGTON GAP, VA 24277

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:	ALETA SPICER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	27050 SHORTSVILLE RD		
CITY/ST/ZIP/CO:	ABINGDON, VA 24210		

NAME:	GREG EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRPERSON/D		
ADDRESS:	PO BOX 825		
CITY/ST/ZIP/CO:	JONESVILLE, VA 24263		

NAME:	CHESTER MONTGOMERY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2873 OLD NUSERY ROAD		
CITY/ST/ZIP/CO:	ROSE HILL, VA 24281		

NAME:	JAMES BISHOP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	33004 BENNINGTON WAY		
CITY/ST/ZIP/CO:	DAMASCUS, VA 24236		

NAME:	GARY BUSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	308 BROWN STREET		
CITY/ST/ZIP/CO:	APPALACHIA, VA 24216		

NAME:	MARY KAY EDWARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 148		
CITY/ST/ZIP/CO:	BEE, VA 24217		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNMARIE MACKWAY GIRARDI DIRECTOR P. O. BOX 249 EWING, VA 24248	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAN HARBER DIRECTOR ROUTE 1 BOX 1438 DRYDEN, VA 24243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THELMA HARRINGTON DIRECTOR 20483 AZEN ROAD DAMASCUS, VA 24236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES HAY V CHAIRPERSON/D P O DRAWER H HAYSI, VA 24256	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN MARTIN DIRECTOR 602 CHURCH AVENUE PENNINGTON GAP, VA 24277	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUBLAS MCCONNELL DIRECTOR ROUTE 2 BOX 355 ROSE HILL, VA 24281	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA ROBINSON DIRECTOR 1005 MEMORIAL DRIVE CASTLEWOOD, VA 24224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTY ROSE DIRECTOR 1189 JOHNSON SETTLEMENT ROAD CASTLEWOOD, VA 24224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SHANAHAN DIRECTOR PO BOX 629 GRUNDY, VA 24614	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YVONNE YORKE DIRECTOR PO BOX 37 CASTLEWOOD, VA 24224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY TURNER DIRECTOR 792 DR. THOMAS WALKER ROAD EWING, VA 24248	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

