

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213542284

1.) CORPORATION NAME:

**EVERY CITIZEN HAS OPPORTUNITIES, INC.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN A SHANTON  
71 LAWSON RD SE  
PO BOX 2277**

SCC ID NO: **01551217**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**LEESBURG, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LOUDOUN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 71 LAWSON ROAD SE

CITY/ST/ZIP: LEESBURG, VA 20175

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:	LAURRAINE LANDOLT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	38712 RICHARD ROAD		
CITY/ST/ZIP/CO:	LOVETTSVILLE, VA 20180		

NAME:	ROY WEIDNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2 AMERSHAM CT		
CITY/ST/ZIP/CO:	STERLING, VA 20165		

NAME:	CARROLL FRANKLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	22711 HILLSIDE CIRCLE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME:	FRAN FRANKLIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	22711 HILLSIDE CIRCLE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME:	DAVID LUDWIG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10186 PALE ROSE LOOP		
CITY/ST/ZIP/CO:	BRISTOW, VA 20136		

NAME:	JEAN O'MEARA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	52 N. REID ST.		
CITY/ST/ZIP/CO:	HAMILTON, VA 20158		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE SUDDUETH DIRECTOR 142 BLUESPRUSE DR CHARLES TOWN, WV 25414	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM TERINGO DIRECTOR 105 LOUDOUN ST SW LEESBURG, VA 20175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ LAURRAINE LANDOLT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAURRAINE LANDOLT, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/10/2013 DATE
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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.