

SCC eFile
(6/10)

2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

210502387

1.) CORPORATION NAME:

MOUNTAIN EMPIRE OLDER CITIZENS, INCORPORATED

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
CLARENCE E (BUD) PHILLIPS
PO BOX 36
CASTLEWOOD, VA 24224**

DUE DATE: **9/30/2010**

SCC ID NO: **01692615**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RUSSELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1501 THIRD AVE EAST
P.O. BOX 888

CITY/ST/ZIP: BIG STONE GAP, VA 24219-

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 checked="" type="checkbox"/> DIRECTOR
NAME:	SUE ELLA BOATRIGHT-WELLS	
TITLE:	SECRETARY	
ADDRESS:	1501 THIRD AVE E PO BOX 888	
CITY/ST/ZIP/CO:	BIG STONE GAP, VA 24219-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	A J HATMAKER	
TITLE:	CHAIRPERSN	
ADDRESS:	203 MAPLE AVENUE	
CITY/ST/ZIP/CO:	PENNINGTON GAP, VA 24277-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ETHEL DANIELS	
TITLE:	DIRECTOR	
ADDRESS:	111 10 ST	
CITY/ST/ZIP/CO:	NORTON, VA 24273-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH SMIDDY	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 3160	
CITY/ST/ZIP/CO:	WISE, VA 24293-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELEANOR CANTRELL	
TITLE:	DIRECTOR	
ADDRESS:	134 ROBERTS ST. SW	
CITY/ST/ZIP/CO:	WISE, VA 24293-	

NAME: ADA HOUNSHELL TITLE: DIRECTOR ADDRESS: RT 3 BOX16 CITY/ST/ZIP/CO: JONESVILLE, VA 24263-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GARY BLANKENBECKLER TITLE: DIRECTOR ADDRESS: PO BOX 637 CITY/ST/ZIP/CO: GATE CITY, VA 24251-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAM COLLIE TITLE: DIRECTOR ADDRESS: PO BOX 88 CITY/ST/ZIP/CO: BIG STONE GAP, VA 24219-	<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.		
<u>/s/ SUE ELLA BOATRIGHT-WELLS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SUE ELLA BOATRIGHT-WELLS,</u> SECRETARY PRINTED NAME AND CORPORATE TITLE	<u>9/27/2010</u> 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.		