

1.) CORPORATION NAME:

AMELIA COUNTY FARM BUREAU

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DONNA H KERR
15971 GOODES BRIDGE RD
PO BOX B**

SCC ID NO: **01697630**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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AMELIA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

AMELIA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15971 GOODES BRIDGE ROAD PO BOX B

CITY/ST/ZIP: AMELIA, VA 23002

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:	DONNA KERR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11140 MATTOAX LANE		
CITY/ST/ZIP/CO:	AMELIA, VA 23002		
NAME:	W DAVID COLEMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	15920 ELM COTTAGE RD		
CITY/ST/ZIP/CO:	AMELIA, VA 23002		
NAME:	WILLIAM F COLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13721 FOWLKES BRIDGE ROAD		
CITY/ST/ZIP/CO:	AMELIA, VA 23002		
NAME:	JEREMY MOYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	16110 GILES ROAD		
CITY/ST/ZIP/CO:	AMELIA, VA 23002		
NAME:	WALLICK HARDING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20681 JACKSON LANE		
CITY/ST/ZIP/CO:	JETERSVILLE, VA 23083		
NAME:	WILLARD MASSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12101 RODOPHIL ROAD		
CITY/ST/ZIP/CO:	AMELIA, VA 23002		

NAME: JOHN THORNTON TITLE: DIRECTOR ADDRESS: 12601 BUTLERS ROAD CITY/ST/ZIP/CO: AMELIA, VA 23002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAWSON ROBERTS TITLE: DIRECTOR ADDRESS: 7000 MILITARY ROAD CITY/ST/ZIP/CO: AMELIA, VA 23002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SANDRA COLE TITLE: WMS CMT CHAIR ADDRESS: 13721 FOWLKES BRIDGE RD CITY/ST/ZIP/CO: AMELIA, VA 23002	<input checked="" type="checkbox"/> OFFICER	<input 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/ DONNA KERR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONNA KERR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/14/2013 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.		