

1.) CORPORATION NAME:

**MEALS FOR SHUT INS.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
MARY NATKIN  
12 COUNTRY CLUB ROAD  
LEXINGTON, VA 24450**

DUE DATE: **7/30/2010**

SCC ID NO: **02193969**

5.) STOCK INFORMATION

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

**LEXINGTON CITY (FILED IN ROCKBRIDGE COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BX 581

CITY/ST/ZIP: LEXINGTON, VA 24450-

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: PATRICIA S DELANEY  
TITLE: TREASURER  
ADDRESS: PO BX 534  
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER

DIRECTOR

NAME: ANNE OWEN  
TITLE: DIRECTOR  
ADDRESS: 27 GREY DOVE RD  
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER

DIRECTOR

NAME: COURTNEY BAKER  
TITLE: DIRECTOR  
ADDRESS: 65 PINEHURST DRIVE  
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER

DIRECTOR

NAME: SHIRLEY WHITNEY  
TITLE: DIRECTOR  
ADDRESS: 823 THORNHILL RD  
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER

DIRECTOR

NAME: EDWARD HENNEMAN  
TITLE: PRESIDENT  
ADDRESS: 160 KENDAL DRIVE, APT.114  
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER

DIRECTOR

NAME: JOE EGYED TITLE: VICE PRESIDENT ADDRESS: 7 WILD TURKEY ROAD CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARY HODAPP TITLE: SECRETARY ADDRESS: 840 FOREST GROVE CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: FLORA COLBERT TITLE: DIRECTOR ADDRESS: 209 CATALPA PLACE CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MAURICE LITTLEFIELD TITLE: DIRECTOR ADDRESS: 2 QUAIL COVEY ROAD CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KRISTY METER TITLE: DIRECTOR ADDRESS: 226 OUTER BANKS ROAD CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANN MURCHISON TITLE: DIRECTOR ADDRESS: 207 OVERHILL DRIVE CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JACI LAUCK TITLE: DIRECTOR ADDRESS: 25 GARDEN PLACE CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANNE VINSON TITLE: DIRECTOR ADDRESS: 120 SOUTHRIDGE LANE CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARY HUGER TITLE: DIRECTOR ADDRESS: 834 SHENANDOAH ROAD CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<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/ EDWARD HENNEMAN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EDWARD HENNEMAN, _____ PRESIDENT PRINTED NAME AND CORPORATE TITLE
7/28/2010 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.	