

1.) CORPORATION NAME:

DUE DATE: **7/31/2012**

MEALS FOR SHUT INS.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **02193969**

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

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:	EDWARD HENNEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	160 KENDAL DRIVE, APT.114		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		
NAME:	JOE EGYED	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7 WILD TURKEY ROAD		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		
NAME:	MARY HODAPP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	840 FOREST GROVE		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		
NAME:	PATRICIA S DELANEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BX 534		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		
NAME:	COURTNEY BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	65 PINEHURST DRIVE		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		
NAME:	MALCOLM COTHRAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	215 EAST RIDGE DR		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		

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
NAME: BOB KLUSSMANN TITLE: DIRECTOR ADDRESS: 15 POYNTZ PLACE 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: 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: ALICE ROANE TITLE: DIRECTOR ADDRESS: 408 CONFEDERATE CIR 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: SHIRLEY WHITNEY TITLE: DIRECTOR ADDRESS: 823 THORNHILL RD 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/ PATRICIA S DELANEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA S DELANEY, TREASURER PRINTED NAME AND CORPORATE TITLE	7/30/2012 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.		