

1.) CORPORATION NAME:

DUE DATE: **7/31/2013**

**MEALS FOR SHUT INS.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **02193969**

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

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 TITLE: PRESIDENT ADDRESS: 160 KENDAL DRIVE, APT.114 CITY/ST/ZIP/CO: LEXINGTON, VA 24450	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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 type="checkbox"/> DIRECTOR
NAME: PATRICIA S DELANEY TITLE: TREASURER ADDRESS: PO BX 534 CITY/ST/ZIP/CO: LEXINGTON, VA 24450	<input checked="" type="checkbox"/> OFFICER	<input 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: MALCOLM COTHRAN TITLE: DIRECTOR ADDRESS: 215 EAST RIDGE DR CITY/ST/ZIP/CO: LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BOB KLUSMANN 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: NANCY TIPPENS TITLE: DIRECTOR ADDRESS: 16 MAPLE LANE CITY/ST/ZIP/CO: LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HANNA ROSCHER TITLE: DIRECTOR ADDRESS: 1258 OLD BUENA VISTA RD CITY/ST/ZIP/CO: BUENA VISTA, VA 24416	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVE BOWDEN TITLE: DIRECTOR ADDRESS: 180 GILMORE CREEK LANE CITY/ST/ZIP/CO: LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOM WILLIAMS TITLE: DIRECTOR ADDRESS: 13 MONACAN COURT 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	7/19/2013 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.		