

1.) CORPORATION NAME:

AMERICAN CAVE CONSERVATION ASSOCIATION

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROY D POWERS JR
RT 1 BOX 153
DUFFIELD, VA**

SCC ID NO: **02220168**

5.) STOCK INFORMATION

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

SCOTT COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 409
119 E MAIN ST

CITY/ST/ZIP: HORSE CAVE, KY 42749

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 DAUGHERTY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. BOX 22397		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37933		
NAME:	JAMES W. MIDDLETON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	117 WEST SOUTH STREET		
CITY/ST/ZIP/CO:	P.O. BOX 579 MUNFORDVILLE, KY 42765		
NAME:	DAVID L. SHADBURNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	WINCHESTER FEDERAL BANK 1705 BYPASS ROAD		
CITY/ST/ZIP/CO:	WINCHESTER, KY 40391		
NAME:	DAVID DERRICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1397 SOUTH THIRD ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40208		
NAME:	DAVID G. FOSTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC. DIRECTOR		
ADDRESS:	PO BOX 409		
CITY/ST/ZIP/CO:	HORSE CAVE, KY 42749		
NAME:	TOM ALEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1572 ALEY LANE		
CITY/ST/ZIP/CO:	PROTEM, MO 65733		

NAME:	RICHARD BLENZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8070 WEST ELLER ROAD		
CITY/ST/ZIP/CO:	BLOOMINGTON, IN 47403		
NAME:	HORTON H. HOBBS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 WHITE OAK DRIVE		
CITY/ST/ZIP/CO:	SPRINGFIELD, OH 45504		
NAME:	RODNEY KIRTLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	177 GRAHAM AVENUE		
CITY/ST/ZIP/CO:	BOWLING GREEN, KY 42101		
NAME:	JULIAN LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17903 STATE ROAD 60		
CITY/ST/ZIP/CO:	BORDEN, IN 47106		
NAME:	NICK NOBLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	22850 LOUISVILLE ROAD		
CITY/ST/ZIP/CO:	PARK CITY, KY 42160		
NAME:	GARY O'DELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MOREHEAD STATE UNIVERSITY		
CITY/ST/ZIP/CO:	302 RADER HALL MOREHEAD, KY 40351		
NAME:	JIM RICHARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BLUESPRING CAVERNS		
CITY/ST/ZIP/CO:	RURAL ROUTE 11, BOX 1245 BEDFORD, IN 47421		
NAME:	JOHN SAGENDORF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	109 VAN DEUSEN DRIVE		
CITY/ST/ZIP/CO:	COBLESKILL, NY 12043		
NAME:	MILLER SLAUGHTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	830 CABELL DRIVE		
CITY/ST/ZIP/CO:	BOWLING GREEN, KY 42101		
NAME:	ANNA G. SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1249 FLINT RIDGE ROAD		
CITY/ST/ZIP/CO:	HORSE CAVE, KY 42749		
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/ DAVID G. FOSTER	DAVID G. FOSTER, EXEC.	9/30/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR	DATE	
	PRINTED NAME AND CORPORATE TITLE		

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.