

1.) CORPORATION NAME:

**TIDEWATER GOSPEL MUSIC ASSOCIATION, INC.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WARREN L TISDALE  
Willcox & Savage PC  
440 Monticello Ave. Ste 2200**

SCC ID NO: **02332773**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**Norfolk, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 36 CENTURY DR

CITY/ST/ZIP: PORTSMOUTH, VA 23701

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: WALTER GAY TITLE: PRESIDENT ADDRESS: 102 MARVIN DR CITY/ST/ZIP/CO: HAMPTON, VA 23666	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lyn Sermons TITLE: SECRETARY ADDRESS: P.O. Box 5031 CITY/ST/ZIP/CO: Portsmouth, VA 23703	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARTHA DUNN TITLE: TREASURER ADDRESS: 36 CENTURY DR CITY/ST/ZIP/CO: PORTSMOUTH, VA 23701	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEAN GAY TITLE: TREASURER ADDRESS: 102 MARVIN DR CITY/ST/ZIP/CO: HAMPTON, VA 23666	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Steven Coley TITLE: VICE PRESIDENT ADDRESS: 5461 Parliament Drive CITY/ST/ZIP/CO: Virginia Beach, VA 23462	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Elden Shorter TITLE: VICE PRESIDENT ADDRESS: 4911 Warwick Blvd CITY/ST/ZIP/CO: Newport News, VA 23607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Jimmy Hooper TITLE: DIRECTOR ADDRESS: 8556 Wayland Street CITY/ST/ZIP/CO: Norfolk, VA 23503	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Trcia Powers TITLE: DIRECTOR ADDRESS: 1414 Planters Drive CITY/ST/ZIP/CO: Suffolk, VA 23434	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Wayne Troester TITLE: DIRECTOR ADDRESS: 102 Marvin Drive CITY/ST/ZIP/CO: Hampton, VA 23666	<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/ MARTHA DUNN	MARTHA DUNN, TREASURER	9/12/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		