

1.) CORPORATION NAME:

**ALLEGHANY HIGHLANDS ARTS AND CRAFTS CENTER,
INC.**

DUE DATE: **8/31/2011**

SCC ID NO: **02459527**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
J. DENNIS NELSON
439 EAST RIDGEWAY
CLIFTON FORGE, VA 24422**

5.) STOCK INFORMATION

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

ALLEGHANY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 273

CITY/ST/ZIP: CLIFTON FORGE, VA 24422-

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:	J DENNIS NELSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	828 WHITE OAK DRIVE		
CITY/ST/ZIP/CO:	COVINGTON, VA 24426-		
NAME:	VICKIE PRICE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1100 FORESTER ROAD		
CITY/ST/ZIP/CO:	CLIFTON FORGE, VA 24422-		
NAME:	BETSY CARTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	REC. SEC		
ADDRESS:	105 FAIRFIELD CT		
CITY/ST/ZIP/CO:	EAGLE ROCK, VA 24085-		
NAME:	ANNE KOETHCKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CORR. SEC.		
ADDRESS:	1708 JEFFERSON		
CITY/ST/ZIP/CO:	CLIFTON FORGE, VA 24422-		
NAME:	SHELBIA BAYNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 496		
CITY/ST/ZIP/CO:	CLIFTON FORGE, VA 24422-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY BACKLES DIRECTOR 1709 RIDGEVUE AVE CLIFTON FORGE, VA 24422-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN BROWN DIRECTOR 1007 APACHE CT COVINGTON, VA 24426-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BUDDY CARTER DIRECTOR 105 FAIRFIELD CT. EAGLE ROCK, VA 24085-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON CARTER DIRECTOR 109 HOWARD ST. CLIFTON FORGE, VA 24422-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LIBBY DAVIS DIRECTOR 912 CHEROKEE CT. COVINGTON, VA 24426-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA DENIUS DIRECTOR 5601 FORTY-TWO RD. CLIFTON FORGE, VA 24422-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN DREWRY DIRECTOR 1714 FOREST HILLS AVE CLIFTON FORGE, VA 24422-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY FRIDLEY DIRECTOR 822 WHITE OAK DRIVE COVINGTON, VA 24426-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHYLLIS HENDRICKS DIRECTOR 1712 FOREST HILLS AVE. CLIFTON FORGE, VA 24422-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA HULL DIRECTOR 2827 WILTON RD ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BARBARA JAMES TITLE: DIRECTOR ADDRESS: 100 FERROL AVE. CITY/ST/ZIP/CO: CLIFTON FORGE, VA 24422-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KYLE KEYSER TITLE: DIRECTOR ADDRESS: 629 E. PRINCETON DR. CITY/ST/ZIP/CO: COVINGTON, VA 24426-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH LOCHER TITLE: DIRECTOR ADDRESS: 26 BEATTY HOLLOW CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: REBA MANDEVILLE TITLE: DIRECTOR ADDRESS: 1909 OAKWOOD DR. CITY/ST/ZIP/CO: CLIFTON FORGE, VA 24422-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CAROLYN O'CONNER TITLE: DIRECTOR ADDRESS: 1323 DEE ST. CITY/ST/ZIP/CO: COVINGTON, VA 24426-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KRISTINA PLEASANT TITLE: DIRECTOR ADDRESS: 247 E. PENNSYLVANIA ST. CITY/ST/ZIP/CO: COVINGTON, VA 24426-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EVELYN SIMMONS TITLE: DIRECTOR ADDRESS: 330 W. RIVERVIEW APT. A-1 CITY/ST/ZIP/CO: COVINGTON, VA 24426-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY TYREE TITLE: DIRECTOR ADDRESS: 917 RIDGE ST. CITY/ST/ZIP/CO: COVINGTON, VA 24426-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANN WRIGHT TITLE: DIRECTOR ADDRESS: 429 RIDGEWAY ST. CITY/ST/ZIP/CO: CLIFTON FORGE, VA 24422-	<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.	
<u>/s/ J DENNIS NELSON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>J DENNIS NELSON, TREASURER</u> PRINTED NAME AND CORPORATE TITLE
<u>7/25/2011</u> 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.	