

1.) CORPORATION NAME:

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

DUE DATE: **8/31/2013**

SCC ID NO: **02459527**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	VICKIE PRICE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1100 INGALLS STREET		
CITY/ST/ZIP/CO:	CLIFTON FORGE, VA 24422		

NAME:	ANN WRIGHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	429 RIDGEWAY ST.		
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:	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:	KAREN BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1007 APACHE CT		
CITY/ST/ZIP/CO:	COVINGTON, VA 24426		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LU BURKS DIRECTOR 301 RIDGEWOOD CIRCLE COVINGTON, VA 24426	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY CANTRELL DIRECTOR 732 PALACE BLVD. CLIFTON FORGE, VA 24422	<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:	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:	KYLE KEYSER DIRECTOR 629 E. PRINCETON DR. COVINGTON, VA 24426	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH LOCHER DIRECTOR 26 BEATTY HOLLOW LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTINA PLEASANT DIRECTOR 247 E. PENNSYLVANIA ST. COVINGTON, VA 24426	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Heather Baker DIRECTOR 1315 Hillcrest Drive Covington, VA 24426	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Martha Crawford DIRECTOR 1100 McCormick Avenue Clifton Forge, VA 24422	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Joyce Ann Eller TITLE: DIRECTOR ADDRESS: 1201 Crestwood Avenue CITY/ST/ZIP/CO: Clifton Forge, VA 24422	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dimmit Houff TITLE: DIRECTOR ADDRESS: 1611 Jefferson Avenue CITY/ST/ZIP/CO: Clifton Forge, VA 24422	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lois McMullan TITLE: DIRECTOR ADDRESS: 22765 Botetourt Road CITY/ST/ZIP/CO: Eagle Rock, VA 24085	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kaarn Thomas TITLE: DIRECTOR ADDRESS: 715 Market Avenue PO Box 336 CITY/ST/ZIP/CO: Iron Gate, VA 24448	<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/ J DENNIS NELSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	J DENNIS NELSON, TREASURER PRINTED NAME AND CORPORATE TITLE	6/27/2013 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.		