

1.) CORPORATION NAME:

GLADE SPRING VOLUNTEER LIFE SAVING CREW, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
MARY LYNN TATE
110 ABINGDON PL
ABINGDON, VA 24211**

SCC ID NO: **02749836**

5.) STOCK INFORMATION

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

WASHINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 59

CITY/ST/ZIP: GLADE SPRING, VA 24340-

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: KIMBERLY EDEN STANLEY
TITLE: PRESIDENT
ADDRESS: P.O. BOX 36
CITY/ST/ZIP/CO: GLADE SPRING, VA 24340-

OFFICER

DIRECTOR

NAME: CRYSTAL GAIL BAUMGARDNER
TITLE: VICE PRESIDENT
ADDRESS: 205 FAIRMONT STREET
CITY/ST/ZIP/CO: GLADE SPRING, VA 24340-

OFFICER

DIRECTOR

NAME: SUSANNE BECKER
TITLE: SECRETARY
ADDRESS: PO BOX 249
CITY/ST/ZIP/CO: GLADE SPRING, VA 24340-

OFFICER

DIRECTOR

NAME: RUTH T STANLEY
TITLE: TREASURER
ADDRESS: PO BOX 36
CITY/ST/ZIP/CO: GLADE SPRING, VA 24340-

OFFICER

DIRECTOR

NAME: ANNE BALES
TITLE: 1ST LT
ADDRESS: PO BOX 519
CITY/ST/ZIP/CO: GLADE SPRINGS, VA 24340-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER GLEN BRYANT 2ND LT 30310 HILLMAN HIGHWAY MEADOWVIEW, VA 24361-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GABE NELSON 2ND LT P.O. BOX 519 GALDE SPRING, VA 24340-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWAYNE STANLEY CAPTAIN P O BOX 36 GLADE SPRING, VA 24340-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JARED DWAYNE STANLEY 2ND LT P.O. BOX GLADE SPRING, VA 24340-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES WILLIAMS 2ND LT P.O. BOX 1652 CHILOWIE, VA 24319-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ RUTH T STANLEY	RUTH T STANLEY, TREASURER	10/10/2011
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.