

1.) CORPORATION NAME:

GLADE SPRING VOLUNTEER LIFE SAVING CREW, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARY LYNN TATE
16006 PORTERFIELD HIGHWAY
ABINGDON, VA**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANGELA FAITH BUSSEY TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 604 CITY/ST/ZIP/CO: GLADE SPRING, VA 24340	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RUTH T STANLEY TITLE: TREASURER ADDRESS: PO BOX 36 CITY/ST/ZIP/CO: GLADE SPRING, VA 24340	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANNE BALES TITLE: 1ST LT ADDRESS: PO BOX 519 CITY/ST/ZIP/CO: GLADE SPRINGS, VA 24340	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUSANNE BECKER TITLE: SECRETARY ADDRESS: PO BOX 249 CITY/ST/ZIP/CO: GLADE SPRING, VA 24340	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES DAVID MCCONNELL TITLE: 2ND LT ADDRESS: 32378 SANTA CRUZ DRIVE CITY/ST/ZIP/CO: MEADOWVIEW, VA 24361	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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
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
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
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
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RUTH T STANLEY, TREASURER PRINTED NAME AND CORPORATE TITLE	8/14/2013 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.			