

1.) CORPORATION NAME:

GLADE SPRING VOLUNTEER LIFE SAVING CREW, INC.

DUE DATE: **8/31/2014**

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

NAME: GABE NELSON TITLE: 2ND LT ADDRESS: P.O. BOX 519 CITY/ST/ZIP/CO: GALDE SPRING, VA 24340	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DWAYNE STANLEY TITLE: CAPTAIN ADDRESS: P O BOX 36 CITY/ST/ZIP/CO: GLADE SPRING, VA 24340	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JARED DWAYNE STANLEY TITLE: 2ND LT ADDRESS: P.O. BOX CITY/ST/ZIP/CO: GLADE SPRING, VA 24340	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES WILLIAMS TITLE: 2ND LT ADDRESS: P.O. BOX 1652 CITY/ST/ZIP/CO: 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/ KIMBERLY EDEN STANLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KIMBERLY EDEN STANLEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/26/2014 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.		