

1.) CORPORATION NAME:

ANNE SPENCER HOUSE AND GARDEN MUSEUM, INC.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SHAUN SPENCER-HESTER
1313 PIERCE STREET
LYNCHBURG, VA**

SCC ID NO: **02773695**

5.) STOCK INFORMATION

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

LYNCHBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1313 PIERCE ST
PO BOX 168

CITY/ST/ZIP: LYNCHBURG, VA 24505-0168

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:	ANNA M SPENCER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1306 PIERCE ST		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		

NAME:	SHAUN SPENCER-HESTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1306 PIERCE ST		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		

NAME:	DAVID HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 BALDWIN CIR		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		

NAME:	LEOTIS MCMULLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5424 PALM VALLEY RD		
CITY/ST/ZIP/CO:	RONAOKE, VA 24503		

NAME:	Deborah Spanish	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	RMC Rivermont Ave		
CITY/ST/ZIP/CO:	Lynchburg, VA 24503		

NAME:	Denise Harriss Burriss	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Riggs St., NW		
CITY/ST/ZIP/CO:	Washington, DC 20009		

NAME: Anthony Andrews TITLE: DIRECTOR ADDRESS: 2023 Bedford Ave CITY/ST/ZIP/CO: Lynchburg, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Lu Juan Spencer Mc Mullen TITLE: DIRECTOR ADDRESS: 5425 Palm Valley Rd CITY/ST/ZIP/CO: Roanoke, VA 24019	<input 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/ ANNA M SPENCER	ANNA M SPENCER, PRESIDENT	1/27/2014
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.