

1.) CORPORATION NAME:  
**LYNCHBURG CITY SCHOOLS EDUCATION FOUNDATION,  
INC.**

DUE DATE: **12/31/2013**

SCC ID NO: **02803146**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  
**JODI K. GILLETTE  
915 COURT STREET  
LYNCHBURG, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**LYNCHBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 915 COURT STREET  
CITY/ST/ZIP: LYNCHBURG, VA 24504

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:	ROBERT R CHAPMAN, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1628 LINDEN AVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	PAUL F FITZGERALD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	625 HERITAGE DR		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	FRED THOMAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/SEC/TREAS		
ADDRESS:	6013 RHONDA ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		

NAME:	JOHN FEES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1221 FOX HILL ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	SCOTT BRABRAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	112 BEACON HILL PLACE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	JOHN CAPPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3506 WARDS ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE DAWSON DIRECTOR 2700 TRENTS FERRY ROAD LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE DOYLE DIRECTOR 124 SANDERS LANE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT DOZIER DIRECTOR 7671 BIG ISLAND HIGHWAY BEDFORD, VA 24523	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E. MAC FRANKFORT DIRECTOR 963 ROTHWOOD ROAD LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH GARREN DIRECTOR 1501 LAKESIDE DRIVE LYNCHBURG, VA 24501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HOWARD DIRECTOR 209 MEREDITH PLACE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARTER JENNINGS DIRECTOR 1208 BLACKSTONE PLACE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA JONES DIRECTOR 1000 JEFFERSON STREET, 2A LYNCHBURG, VA 24504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT LEVEQUE DIRECTOR 4202 MURRAY PLACE LYNCHBURG, VA 24501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARLA EDWARDS DIRECTOR 4851 FORT AVENUE SUITE B LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILLY MCBRATNEY DIRECTOR 1 RIVERVIEW PLACE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: YVETTE MILLER TITLE: DIRECTOR ADDRESS: 305 PEARSON DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J. REGGIE PUGH TITLE: DIRECTOR ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SALLY SELDEN TITLE: DIRECTOR ADDRESS: 1204 RUNNING CEDAR WAY CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN SMITH TITLE: DIRECTOR ADDRESS: 549 LADY SLIPPER LANE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RANDY SMITH TITLE: DIRECTOR ADDRESS: 2320 LANGHORNE ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JACK SORRELLS TITLE: DIRECTOR ADDRESS: 316 HAYFIELD DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHANNON VALENTINE TITLE: DIRECTOR ADDRESS: 1022 COMMERCE STREET, 3B CITY/ST/ZIP/CO: LYNCHBURG, VA 24504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HELEN WHEELOCK TITLE: DIRECTOR ADDRESS: 2239 SURREY PLACE CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<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/ ROBERT R CHAPMAN, III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT R CHAPMAN, III, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/15/2013 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.		