

1.) CORPORATION NAME:

**COMMUNICATION DISORDERS FOUNDATION OF VIRGINIA**

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PATRICIA T DEWEY  
1897 HOPE MEADOW WAY  
POWHATAN, VA**

SCC ID NO: **02870178**

5.) STOCK INFORMATION

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

**POWHATAN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1897 HOPE MEADOW WAY

CITY/ST/ZIP: POWHATAN, VA 23139

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: PAT T DEWEY TITLE: PRESIDENT ADDRESS: 1897 HOPE MEADOW WAY CITY/ST/ZIP/CO: POWHATAN, VA 23139	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LINDA MEYER TITLE: TREASURER ADDRESS: 235 WAYNERIDGE RD. CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARGARET MCELROY TITLE: SECRETARY ADDRESS: 1076 STILL MEADOW CROSSING CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PEGGY C AGEE TITLE: DIRECTOR ADDRESS: 3456 MT. RUSH HWY CITY/ST/ZIP/CO: DILLWYN, VA 23936	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREA BREWER TITLE: DIRECTOR ADDRESS: 821 PEPPER AVE. CITY/ST/ZIP/CO: RICHMOND, VA, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GAYLE H. DALY TITLE: DIRECTOR ADDRESS: 100 TEMPLE CIRCLE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: FREDIA G. HELBERT TITLE: DIRECTOR ADDRESS: 2853 EDITH GAP RD. CITY/ST/ZIP/CO: COEBURN, VA 24230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICIA M. PETERS TITLE: DIRECTOR ADDRESS: 3526 PENN FOREST BLVD, SW CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDITH RASSI TITLE: DIRECTOR ADDRESS: 1490 ASHLAND DR. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRENDA SEAL TITLE: DIRECTOR ADDRESS: 104 E. COLLEGE ST. CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JANET W STACK TITLE: DIRECTOR ADDRESS: 385 CLAYMONT DR CITY/ST/ZIP/CO: EARLYSVILLE, VA 22936	<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/ PAT T DEWEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAT T DEWEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/5/2015 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.		