

1.) CORPORATION NAME:

The Nature Camp Foundation, Incorporated

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES H STORY JR
1908 PROPHET RD
GOODE, VA 24556**

SCC ID NO: **03414596**

5.) STOCK INFORMATION

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

BEDFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: *c/o Amy W. Clark*
P O BOX 265

CITY/ST/ZIP: Studely, VA 23162

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:	C POWELL HUTTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3806 NORTH 27TH STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	CHARLES H STORY JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 3091		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		
NAME:	SARAH HULCHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3627 SHALFORD ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23225		
NAME:	Amy Clark	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10386 Summer Hill Rd.		
CITY/ST/ZIP/CO:	Mechanicsville, VA 23116		
NAME:	Chris Chamberlin	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	117 Pine Street		
CITY/ST/ZIP/CO:	Amherst, VA 24521		
NAME:	Jim Brooks	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1041 Hillside Dr.		
CITY/ST/ZIP/CO:	Chapel Hill, NC 27517-7741		

NAME: Joseph Irby, II TITLE: DIRECTOR ADDRESS: 50 Travelers Ridge Lane CITY/ST/ZIP/CO: Lexington, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Nell Fredericksen TITLE: DIRECTOR ADDRESS: 465 Rambling Rose Rd. CITY/ST/ZIP/CO: Ferrum, VA 24088	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lucas Gillenwater TITLE: DIRECTOR ADDRESS: P.O. Box 81 CITY/ST/ZIP/CO: Amherst, VA 24521	<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/ Amy Clark	Amy Clark, TREASURER	3/17/2013
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.		