

1.) CORPORATION NAME:

The Nature Camp Foundation, Incorporated

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**AMY W CLARK
10386 SUMMER HILL ROAD
MECHANICSVILLE, VA**

SCC ID NO: **03414596**

5.) STOCK INFORMATION

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

HANOVER 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:	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:	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:	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:	NELL FREDERICKSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	465 RAMBLING ROSE RD.		
CITY/ST/ZIP/CO:	FERRUM, VA 24088		
NAME:	LUCAS GILLENWATER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 81		
CITY/ST/ZIP/CO:	AMHERST, VA 24521		
NAME:	JOSEPH IRBY, II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 TRAVELERS RIDGE LANE		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		

NAME: CHARLES H STORY JR TITLE: DIRECTOR ADDRESS: P O BOX 3091 CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Annie White TITLE: PRESIDENT ADDRESS: 1320 Corcoran St., NW CITY/ST/ZIP/CO: Washington, DC 20009	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Art McGuire TITLE: DIRECTOR ADDRESS: 5103 New Kent Road CITY/ST/ZIP/CO: Richmond, VA 23225-3027	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Alia Anderson TITLE: DIRECTOR ADDRESS: 7503 Flower Ave. CITY/ST/ZIP/CO: Takoma Park, MD 20912	<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	4/30/2014		
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.				