

1.) CORPORATION NAME:

Fluvanna/Louisa Housing Foundation

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CRYSTAL HOPKINS F/LHF
COUNTY ADMIN BLDG WOOLFOLK AVE
101 WOOLFORK AVE / PO BOX 160**

SCC ID NO: **03451986**

5.) STOCK INFORMATION

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

LOUISA, VA 23093

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUISA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 160

CITY/ST/ZIP: LOUISA, VA 23093

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: SUSAN MUIR TITLE: PRESIDENT ADDRESS: PO BOX 98 CITY/ST/ZIP/CO: FORK UNION, VA 23055	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WENDY MORRIS TITLE: DIRECTOR ADDRESS: PO BOX 826 CITY/ST/ZIP/CO: LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LISA BUSCH TITLE: DIRECTOR ADDRESS: PO BOX 467 CITY/ST/ZIP/CO: LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HOWARD EVERGREEN TITLE: DIRECTOR ADDRESS: PO BOX 160 CITY/ST/ZIP/CO: LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD LAUZIERS TITLE: DIRECTOR ADDRESS: ROUTE 2 BOX 781 CITY/ST/ZIP/CO: SCOTTSVILLE, VA 24590	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Greg Smith TITLE: PRESIDENT ADDRESS: 4422 Antioch Rd CITY/ST/ZIP/CO: Scottsville, VA 24590	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Nancy Kidd TITLE: SECRETARY ADDRESS: 4629 Rolling Rd South CITY/ST/ZIP/CO: Scottsville, VA 24590	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Ginger Dillard TITLE: DIRECTOR ADDRESS: PO Box 224 CITY/ST/ZIP/CO: Gum Springs, VA 23065	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Mozzell Booker TITLE: DIRECTOR ADDRESS: PO Box 284 CITY/ST/ZIP/CO: Fork Union, VA 23055	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Bob Henry TITLE: DIRECTOR ADDRESS: 607 Davis Ave CITY/ST/ZIP/CO: Charlottesville, VA 22901	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Frances Lewis TITLE: DIRECTOR ADDRESS: 1137 Rock Quarry CITY/ST/ZIP/CO: Louisa, VA 23093	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Jodi Martin TITLE: DIRECTOR ADDRESS: 262 Red Hill Rd CITY/ST/ZIP/CO: Gordonsville, VA 22942	<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/ HOWARD EVERGREEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HOWARD EVERGREEN, DIRECTOR PRINTED NAME AND CORPORATE TITLE	6/11/2012 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.				