

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213510759

1.) CORPORATION NAME:

**The Virginia Writers Club, Inc.**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LINDA M LAYNE  
448 MIDDLE FARMS TRACE  
BREMO BLUFF, VA 23022**

SCC ID NO: **03566213**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FLUVANNA COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 448 MIDDLE FARMS TRACE

CITY/ST/ZIP: BREMO BLUFF, VA 23022

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BETSY ASHTON				
TITLE:	PRESIDENT				
ADDRESS:	202 MINTON CIRCLE				
CITY/ST/ZIP/CO:	MONETA, VA 24121				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CHUCK LUMPKIN				
TITLE:	SECOND VP				
ADDRESS:	681 ELLIS RD				
CITY/ST/ZIP/CO:	HARDY, VA 24101				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CHRISTOPHER JOS. EVANS				
TITLE:	TREASURER				
ADDRESS:	P. O. BOX 622				
CITY/ST/ZIP/CO:	RICHMOND, VA 23218				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	LINDA M LAYNE				
TITLE:	DIRECTOR				
ADDRESS:	PO BOX 115				
CITY/ST/ZIP/CO:	BREMO BLUFF, VA 23022				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	SARA M ROBINSON				
TITLE:	FIRST VP				
ADDRESS:	3162 LONESOME MTN RD				
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	LAURIE JENSEN				
TITLE:	SECRETARY				
ADDRESS:	11 AUSTIN DR				
CITY/ST/ZIP/CO:	PALMYRA, VA 22963				

NAME: JUNE FORTE TITLE: DIRECTOR ADDRESS: 12702 VALLEYWOOD DR CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN FERGUSON TITLE: DIRECTOR ADDRESS: 6482 MCCAULEY LANE CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL FLEISHER TITLE: DIRECTOR ADDRESS: 2781 BEOWULF CT CITY/ST/ZIP/CO: RICHMOND, VA 23231	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL GUNTER TITLE: DIRECTOR ADDRESS: 1900 THORNBURY CT CITY/ST/ZIP/CO: HENRICO, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARY D KESSLER TITLE: DIRECTOR ADDRESS: 1704 SOLOMON RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DIANNE HENNESSY KING TITLE: DIRECTOR ADDRESS: 10000 MURNANE ST CITY/ST/ZIP/CO: VIENNA, VA 22181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BECKY MUSHKO TITLE: DIRECTOR ADDRESS: 8 LISTENING HILL RD CITY/ST/ZIP/CO: PENHOOK, VA 24137	<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/ LINDA M LAYNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LINDA M LAYNE, DIRECTOR PRINTED NAME AND CORPORATE TITLE	2/28/2013 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.		