

1.) CORPORATION NAME:

GARTH NEWEL MUSIC CENTER FOUNDATION CORP.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL MCHALE COLLINS
275 W MAIN ST
COVINGTON, VA 24426**

SCC ID NO: **03624806**

5.) STOCK INFORMATION

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

ALLEGHANY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 240

CITY/ST/ZIP: WARM SPRINGS, VA 24484

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:	NANCY CODDINGTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	779 CEDAR RUN TRAIL		
CITY/ST/ZIP/CO:	MANAKIN-SABOT, VA 23103		

NAME:	WILLIAM M DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 2491		
CITY/ST/ZIP/CO:	CHARLESTON, WV 25239		

NAME:	JAMES W JENNINGS JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 14125		
CITY/ST/ZIP/CO:	ROANOKE, VA 24038		

NAME:	ELLEN KILLOREN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1120		
CITY/ST/ZIP/CO:	HOT SPRINGS, VA 24445		

NAME:	G. Michael Wildasin	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	536 Indian Hill Rd.		
CITY/ST/ZIP/CO:	Millboro, VA 24460		

NAME:	Lee F Elliott	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO Box 356		
CITY/ST/ZIP/CO:	WARM SPRINGS, VA 24484		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John T. Tielking TREASURER PO Box 1009 Daleville, VA 24083	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sarah H McWilliams SECRETARY 277 Cedar Field Lane Millboro, VA 24460	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John J Batley DIRECTOR 218 Mont Shenandoah Lane Millboro, VA 24460	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Linda Beights DIRECTOR 369 Normandy Dr. Charlottesville, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lucius H Bracey DIRECTOR 724 Northwood Ave. Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Beth Eley DIRECTOR 314 South Fairfax St. Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter Faraone DIRECTOR PO Box 1302 Hot Springs, VA 24445	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William A Fields DIRECTOR PO Box 87 WARM SPRINGS, VA 24484	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Troast DIRECTOR 13381 Deerfield Rd. Deerfield, VA 24432	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Janice McWilliams DIRECTOR PO Box 282 WARM SPRINGS, VA 24484	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bittle W Porterfield DIRECTOR 2831 Wilton Rd., SW Roanoke, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Robert P Kyle TITLE: DIRECTOR ADDRESS: 1508 Wilmington Ave CITY/ST/ZIP/CO: Richmond, VA 23227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mary Ellen Jones TITLE: DIRECTOR ADDRESS: 162 Jones Farm Rd. CITY/ST/ZIP/CO: Charleston, WV 25314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Elizabeth McCarthy TITLE: DIRECTOR ADDRESS: PO Box 29 CITY/ST/ZIP/CO: WARM SPRINGS, VA 24484	<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/ G. Michael Wildasin SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	G. Michael Wildasin, PRINTED NAME AND CORPORATE TITLE	7/18/2012 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.		