

1.) CORPORATION NAME:

**The Sedalia Center, Inc.**

DUE DATE: **1/31/2012**

SCC ID NO: **03704046**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**FRED FRALICK**

**1108 SEDALIA SCHOOL ROAD**

**BIG ISLAND, VA 24526**

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: 1108 SEDALIA SCHOOL ROAD

CITY/ST/ZIP: BIG ISLAND, VA 24526-9733

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: TONY WARE  
TITLE: VICE CHAIRMAN  
ADDRESS: 1108 SEDALIA SCHOOL ROAD  
CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-

OFFICER

DIRECTOR

NAME: DOUG MACLEOD  
TITLE: SECRETARY  
ADDRESS: 1108 SEDALIA SCHOOL RD  
CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-

OFFICER

DIRECTOR

NAME: FRED FRALICK  
TITLE: CHAIRMAN  
ADDRESS: 1108 SEDALIA SCHOOL ROAD  
CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-

OFFICER

DIRECTOR

NAME: A. C. (BUZZY) COLEMAN  
TITLE: DIRECTOR  
ADDRESS: 1108 SEDALIA SCHOOL ROAD  
CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-

OFFICER

DIRECTOR

NAME: TIM CHILDRESS  
TITLE: PRESIDENT  
ADDRESS: 1108 SEDALIA SCHOOL ROAD  
CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE COATES DIRECTOR 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHALL COFER DIRECTOR 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY HORNER DIRECTOR 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ABE LOPER DIRECTOR 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIE M. MACK DIRECTOR 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA MCCABE DIRECTOR 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN MOSLEY DIRECTOR 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA NASH DIRECTOR 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK SELKIRK DIRECTOR 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY SLAUGHTER DIRECTOR 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JAMES STANLEY TITLE: DIRECTOR ADDRESS: 1108 SEDALIA SCHOOL ROAD CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE STANLEY TITLE: DIRECTOR ADDRESS: 1108 SEDALIA SCHOOL ROAD CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES TOWNER TITLE: DIRECTOR ADDRESS: 1108 SEDALIA SCHOOL ROAD CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HARRY TURNER TITLE: DIRECTOR ADDRESS: 1108 SEDALIA SCHOOL ROAD CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP WALLACE TITLE: DIRECTOR ADDRESS: 1108 SEDALIA SCHOOL ROAD CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BETTY WARE TITLE: DIRECTOR ADDRESS: 1108 SEDALIA SCHOOL ROAD CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DORIS MCCABE TITLE: EXEC. DIRECTOR ADDRESS: 1108 SEDALIA SCHOOL ROAD CITY/ST/ZIP/CO: BIG ISLAND, VA 24526-	<input checked="" type="checkbox"/> OFFICER <input 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/ DORIS MCCABE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DORIS MCCABE, EXEC. DIRECTOR PRINTED NAME AND CORPORATE TITLE
1/5/2012 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.	