

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214520579

1.) CORPORATION NAME:

**MANASSAS MUSEUM ASSOCIATES**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANN HARROVER THOMAS  
MANASSAS MUSEUM ASSOC  
9101 PRINCE WILLIAM ST / PO BOX 560**

SCC ID NO: **03752953**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**MANASSAS, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**MANASSAS CITY (FILED IN PRINCE WILLIAM COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9101 PRINCE WILLIAM STREET

CITY/ST/ZIP: MANASSAS, VA 20110

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:	MRS ANN HARROVER-THOMAS		
TITLE:	PRESIDENT		
ADDRESS:	9109 EWELL ST		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOUETTE CHICK		
TITLE:	DIRECTOR		
ADDRESS:	6960 SAWTOOTH COURT		
CITY/ST/ZIP/CO:	MANASSAS, VA 20111		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MRS SHIRLEY GUY		
TITLE:	DIRECTOR		
ADDRESS:	9114 MAIN STREET		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110		

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.

<u>/s/ MRS ANN HARROVER-THOMAS</u>	<u>MRS ANN HARROVER-THOMAS, PRESIDENT</u>	<u>4/21/2014</u>
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.