

1.) CORPORATION NAME:

**CITY OF DANVILLE AND PITTSYLVANIA COUNTY  
HABITATFOR HUMANITY**

DUE DATE: **6/30/2014**

SCC ID NO: **03767373**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES A L DANIEL  
110 N UNION ST  
PO BOX 720**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**DANVILLE, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**DANVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 718

CITY/ST/ZIP: DANVILLE, VA 24543

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:	JEFF SHERMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	201 MOUNTAIN VIEW AVE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		

NAME:	ALLEN THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	842 MAIN ST		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		

NAME:	DENNIS EITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	334 OAK CREEK DR		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		

NAME:	LAUREN MATHENA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	205 EAGLE LN		
CITY/ST/ZIP/CO:	DANVILLE, VA 24540		

NAME:	PATRICIA MCGUIRE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4141 BIRCH CREEK ROAD		
CITY/ST/ZIP/CO:	RINGGOLD, VA 24586		

NAME:	MILLIE DUNSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	308 SOUTH MAIN ST		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		

NAME: BRENT GAMMON TITLE: DIRECTOR ADDRESS: 132 CANTERBURY RD CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT HUFFMAN TITLE: DIRECTOR ADDRESS: 412 HARPER RD CITY/ST/ZIP/CO: DRY FORK, VA 24549	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CIJI MOORE TITLE: DIRECTOR ADDRESS: 533 MAIN ST APT B2 CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUZANNE NEWCOMB TITLE: DIRECTOR ADDRESS: 941 SOUTH MAIN ST CITY/ST/ZIP/CO: GRETNA, VA 24557	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LINDA RHUE TITLE: DIRECTOR ADDRESS: 6372 NC HWY 62N CITY/ST/ZIP/CO: BLANCH, NC 27212	<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/ JEFF SHERMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFF SHERMAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/30/2014 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.		