

1.) CORPORATION NAME:

**Richmond Friends of the Homeless, Ltd.**

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
SHAWNEE M HANSEN  
5209 HACKNEY RD  
RICHMOND, VA 23234**

SCC ID NO: **03792397**

5.) STOCK INFORMATION

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

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5209 HACKNEY ROAD

CITY/ST/ZIP: RICHMOND, VA 23234-

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: SHAWNEE M HANSEN  
TITLE: PRESIDENT  
ADDRESS: 5209 HACKNEY ROAD  
CITY/ST/ZIP/CO: RICHMOND, VA 23234-

OFFICER

DIRECTOR

NAME: RICH CHANDLER  
TITLE: TREASURER  
ADDRESS: 2505 GLEN CENTER ST  
CITY/ST/ZIP/CO: RICHMOND, VA 23223-

OFFICER

DIRECTOR

NAME: SARA NUNN  
TITLE: SECRETARY  
ADDRESS: 3131 BRIGSTOCK RD  
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-

OFFICER

DIRECTOR

NAME: PATTY TEMPLETON  
TITLE: DIRECTOR  
ADDRESS: 913 HARTFORD LANE  
CITY/ST/ZIP/CO: RICHMOND, VA 23236-

OFFICER

DIRECTOR

NAME: SHELDON DRAKE  
TITLE: VICE CHAIRMAN  
ADDRESS: 9512 IRONBRIDGE ROAD #200  
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-

OFFICER

DIRECTOR

NAME: REBECCA LOOS TITLE: PRESIDENT ADDRESS: 9601 COACH RD. CITY/ST/ZIP/CO: RICHMOND, VA 23237-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BOB MAGUIRE TITLE: DIRECTOR ADDRESS: 601 MOOREFIELD PARK DR. CITY/ST/ZIP/CO: RICHMOND, VA 23236-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BERNARD ROBINSON TITLE: DIRECTOR ADDRESS: 14421 JUSTICE RD. CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARI MACKEY TITLE: DIRECTOR ADDRESS: 1801 GREENVILLE AVE. CITY/ST/ZIP/CO: RICHMOND, VA 23220-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN HUGHES TITLE: DIRECTOR ADDRESS: 9512 IRONBRIDGE RD. - SUITE 200 CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAMILLE HANSEN TITLE: DIRECTOR ADDRESS: 4813 STEVEN HILL DR. CITY/ST/ZIP/CO: RICHMOND, VA 23234-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RON VOLI TITLE: DIRECTOR ADDRESS: 15649 FOX COVE CIRCLE CITY/ST/ZIP/CO: MOSELEY, VA 23120-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AMANDA CURTO TITLE: DIRECTOR ADDRESS: 941 NAILOR WAY CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MIKE RYAN TITLE: DIRECTOR ADDRESS: 1801 GREENVILLE AVE. CITY/ST/ZIP/CO: RICHMOND, VA 23220-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHY TYLER TITLE: DIRECTOR ADDRESS: 601 MOOREFIELD PARK DR. CITY/ST/ZIP/CO: RICHMOND, VA 23236-	<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.

<u>/s/ SHAWNEE M HANSEN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SHAWNEE M HANSEN, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>7/7/2011</u> DATE
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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.