

1.) CORPORATION NAME:

Tidewater Youth Services Foundation

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARK E SLAUGHTER
222 CENTRAL PARK AVENUE, SUITE 1500
VIRGINIA BEACH, VA**

SCC ID NO: **03831724**

5.) STOCK INFORMATION

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

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2404 AIRLINE BLVD

CITY/ST/ZIP: PORTSMOUTH, VA 23701

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:	JEANNIE MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXC DIR/S		
ADDRESS:	2404 AIRLINE BLVD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23701		
NAME:	ANNETTE WILSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE-CHAIRPRSN		
ADDRESS:	101 E. WASHINGTON ST		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		
NAME:	SUSAN DREWERY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRPERSON		
ADDRESS:	24 ROBERTS CT EAST		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23701		
NAME:	KIM PAINTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	GRANTHAM LANE		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322		
NAME:	MARK WOODWARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 15225		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23328		
NAME:	MARY PAT HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	302 45th Street		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23451		

NAME: SUZANNE BAUR TITLE: DIRECTOR ADDRESS: 2916 Pinewood Circle CITY/ST/ZIP/CO: SUFFOLK, VA 23435	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANNA D'ANTONIO TITLE: DIRECTOR ADDRESS: CITY MANAGERS OFFICE CITY/ST/ZIP/CO: P.O. Box 15225 CHESAPEAKE, VA 23328	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CARLOS HOOKER TITLE: DIRECTOR ADDRESS: DIRECTOR, WESTHAVEN BOYS HOME RACE STREET CITY/ST/ZIP/CO: PORTSMOUTH, VA 23707	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BETSY ROBERTS TITLE: DIRECTOR ADDRESS: 477 GOODSPEED ROAD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK RICKMAN TITLE: DIRECTOR ADDRESS: MANAGER, HABITAT FOR HUMANITY RESTORE 109 West 1st Avenue CITY/ST/ZIP/CO: FRANKLIN, VA 23851	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES GORDON TITLE: DIRECTOR ADDRESS: DIRECTOR, 5th DISTRICT COURT SERVICE UNIT P.O. Box 1135 CITY/ST/ZIP/CO: SUFFOLK, VA 23439	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAMELA BARTON TITLE: DIRECTOR ADDRESS: DIRECTOR, IOW DEPT. OF SOCIAL SERVICES 17100 Monument Circle, Suite A CITY/ST/ZIP/CO: ISLE OF WIGHT, VA 23397	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STUART HAWKINS TITLE: DIRECTOR ADDRESS: 1125 Flower Street CITY/ST/ZIP/CO: VIRGINIA BEACH , VA 23455	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAT JANKOSKY TITLE: DIRECTOR ADDRESS: 605 Worship Ct. CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464	<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/ JEANNIE MARTIN	JEANNIE MARTIN, EXC DIR/S	10/21/2013
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.