

1.) CORPORATION NAME: ROANOKE VALLEY COALITION ON YOUTH SUBSTANCEABUSE, CORP.	DUE DATE: 5/31/2014 SCC ID NO: 03930187		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KATHY GRAHAM SULLIVAN 3517 BRANDON AVE., SW ROANOKE, VA	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 3517 BRANDON AVE SW CITY/ST/ZIP: ROANOKE, VA 24018-4001	
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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: SUSAN L FARMER TITLE: CHAIRPERSON ADDRESS: 1630 SUNSET AVE. CITY/ST/ZIP/CO: SALEM, VA 24153	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LYNN MCDOWELL TITLE: DIR-PREVENT SER ADDRESS: 3517 BRANDON AVENUE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DERONDA J SHEFFER TITLE: CHAIRPERSON ADDRESS: 110 CHARLESTON PLACE CITY/ST/ZIP/CO: DALEVILLE, VA 24083	<input checked="" 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/ SUSAN L FARMER	SUSAN L FARMER, CHAIRPERSON	6/25/2014
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.