

1.) CORPORATION NAME:

**Evergreen Athletic Association, Inc.**

DUE DATE: **2/29/2012**

SCC ID NO: **04047403**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
G TED STEWART  
13819 VINCENT LANE  
MIDLOTHIAN, VA 23114**

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: PO BOX 5871

CITY/ST/ZIP: MIDLOTHIAN, VA 23112-

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: G. TED STEWART  
TITLE: TREASURER  
ADDRESS: 13819 VINCENT LN  
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114-

OFFICER  DIRECTOR

NAME: TONY ARTIGA  
TITLE: PRESIDENT  
ADDRESS: PO BOX 5871  
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-

OFFICER  DIRECTOR

NAME: KIM PENDERGRASS  
TITLE: VICE PRESIDENT  
ADDRESS: PO BOX 5871  
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-

OFFICER  DIRECTOR

NAME: RENEE STEPHENS  
TITLE: SECRETARY  
ADDRESS: PO BOX 5871  
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-

OFFICER  DIRECTOR

NAME: SHELIA ARTIGA  
TITLE: Publicity Dir  
ADDRESS: PO BOX 5871  
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-

OFFICER  DIRECTOR

NAME: PAUL PENDERGRASS TITLE: Football Dir ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DALE SAMS TITLE: Cheer Director ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CHRIS PIZZINI TITLE: Basketball Dir ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ELIAS KOTIAT TITLE: Girls BBall Dir ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MATT BURCUME TITLE: Baseball Dir ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROB REA TITLE: Softball Dir ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JR STEPHENS TITLE: Equipment Dir ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ G. TED STEWART	G. TED STEWART, TREASURER	2/27/2012
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.