

1.) CORPORATION NAME:

**Evergreen Athletic Association, Inc.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **04047403**

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: TONY ARTIGA TITLE: PRESIDENT ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KIM PENDERGRASS TITLE: VICE PRESIDENT ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RENEE STEPHENS TITLE: SECRETARY ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: G. TED STEWART TITLE: TREASURER ADDRESS: 13819 VINCENT LN CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SHELIA ARTIGA TITLE: DIRECTOR ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELIAS KOTIAT TITLE: DIRECTOR ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PAUL PENDERGRASS TITLE: DIRECTOR ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS PIZZINI TITLE: DIRECTOR ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROB REA TITLE: DIRECTOR ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DALE SAMS TITLE: DIRECTOR ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JR STEPHENS TITLE: DIRECTOR ADDRESS: PO BOX 5871 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<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/ G. TED STEWART SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	G. TED STEWART, TREASURER PRINTED NAME AND CORPORATE TITLE	1/24/2013 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.		