

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213540563

1.) CORPORATION NAME:

PURCELLVILLE LIBRARY ADVISORY BOARD, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KARIM KHAN
220 E. MAIN ST.
PURCELLVILLE, VA**

SCC ID NO: **04170148**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PURCELLVILLE LIBRARY
220 EAST MAIN ST

CITY/ST/ZIP: PURCELLVILLE, VA 20132

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHARON R HERSHEY		
TITLE:	SECRETARY		
ADDRESS:	17446 MADISON AVENUE		
CITY/ST/ZIP/CO:	HAMILTON, VA 20150		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KARIM KHAN		
TITLE:	DIRECTOR		
ADDRESS:	220 E. MAIN ST.		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PRISCILLA MARTINEZ		
TITLE:	PRESIDENT		
ADDRESS:	38471 Wooded Hollow Drive		
CITY/ST/ZIP/CO:	HAMILTON, VA 20158		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RANDY BAER		
TITLE:	PRESIDENT		
ADDRESS:	15859 Purcellville Road		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARTIN BROMSER-KLOEDEN		
TITLE:	TREASURER		
ADDRESS:	19858 TELEGRAPH SPRINGS RD		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DENISE MOORE		
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 4144		
CITY/ST/ZIP/CO:	LEESBURG, VA 20177		

NAME: MORGAN JACOBSON TITLE: DIRECTOR ADDRESS: 17307 Twin Oaks Place CITY/ST/ZIP/CO: HAMILTON, VA 20158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY REAVES TITLE: DIRECTOR ADDRESS: 37511 Hidden Springs Ln. CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CORA ROVANG TITLE: DIRECTOR ADDRESS: 13366 Mountain Road CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAN MADAY TITLE: DIRECTOR ADDRESS: 18780 Lincoln Road CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CINDY HAYDEN TITLE: DIRECTOR ADDRESS: 35475 Lee Drive CITY/ST/ZIP/CO: ROUND HILL, VA 20141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MEREDITH THOMAS TITLE: DIRECTOR ADDRESS: 201 E. G Street CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT THOMPSON TITLE: DIRECTOR ADDRESS: 35406 Carnoustie Circle CITY/ST/ZIP/CO: ROUND HILL, VA 20141	<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/ KARIM KHAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KARIM KHAN, DIRECTOR PRINTED NAME AND CORPORATE TITLE	8/29/2013 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.		