

1.) CORPORATION NAME:

FRIENDS OF THE PORTSMOUTH JUVENILE COURT, INC.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANN M. KIRK
Suite 103
5907 West Norfolk Road**

SCC ID NO: **04184685**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

Portsmouth, VA 23703

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PORTSMOUTH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 503 CRAWFORD STREET

CITY/ST/ZIP: PORTSMOUTH, VA 23704-3805

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:	RODERICK MADISON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES ELECT		
ADDRESS:	413 ACORN GROVE LANE		
CITY/ST/ZIP/CO:	#D CHESAPEAKE, VA 23320		
NAME:	JOHN HOLLINGSWORTH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2101 PARKS AVENUE		
CITY/ST/ZIP/CO:	SUITE 200 VIRGINIA BEACH, VA 23451		
NAME:	DENIECE ARTIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4716 WOODGLEN COURT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		
NAME:	MARC CRIPPEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	805 RED BAY CIRCLE		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322		
NAME:	LEAH DRAKE STITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4525 MIARFIELD ARC		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23321		
NAME:	GEORGE MURPHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1157 OLD VIRGINIA BEACH ROAD		
CITY/ST/ZIP/CO:	#H VIRGINIA BEACH, VA 23451		

NAME: STEPHEN PHILLIPS TITLE: DIRECTOR ADDRESS: 2941 BIG BEND DRIVE CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DIANE POMEROY GRIFFIN TITLE: DIRECTOR ADDRESS: 1 HIGH STREET CITY/ST/ZIP/CO: SUITE 303 PORTSMOUTH, VA 23704	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TONY RILEY TITLE: DIRECTOR ADDRESS: 829 PACIFIC AVENUE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23707	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW RYAN TITLE: DIRECTOR ADDRESS: 3508 LILAC DRIVE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALONZO SHORT, JR. TITLE: DIRECTOR ADDRESS: 4025 ESTATES LANE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARTLEY TUTHILL TITLE: DIRECTOR ADDRESS: 464 DINWIDDIE STREET CITY/ST/ZIP/CO: PORTSMOUTH, VA 23704	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: YVETTE WATKINS-CHERRY TITLE: DIRECTOR ADDRESS: 4036 ESTATES LANE CITY/ST/ZIP/CO: PORTSMOUTH, VA 23703	<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/ RODERICK MADISON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RODERICK MADISON, PRES ELECT PRINTED NAME AND CORPORATE TITLE	10/3/2012 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.		