

1.) CORPORATION NAME:

**RAPPAHANNOCK AREA HEALTH EDUCATION CENTER**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JANE M WILLS  
5591 RICHMOND ROAD  
P.O. BOX 218**

SCC ID NO: **04258273**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**WARSAW, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5591 RICHMOND ROAD  
PO BOX 218

CITY/ST/ZIP: WARSAW, VA 22572

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:	DANIEL B LAWRENCE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. Box 1025		
CITY/ST/ZIP/CO:	WARSAW, VA 22572-1025		

NAME:	ANNETTE JEWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	179 Tucker Point Lane		
CITY/ST/ZIP/CO:	Callao, VA 22435		

NAME:	NORMAN CLARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 148		
CITY/ST/ZIP/CO:	REEDVILLE, VA 22539-0148		

NAME:	CATHERINE M COURTNEY RN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2494 MUNDY POINT LANE		
CITY/ST/ZIP/CO:	CALLAO, VA 22435		

NAME:	MILDRED H B ROBERSON PHD RN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	875 CLARK POINT DRIVE		
CITY/ST/ZIP/CO:	WHITE STONE, VA 22578		

NAME:	SHIRLEY C. DODSON-MCADOO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	372 FLEETS LANE		
CITY/ST/ZIP/CO:	WHITE STONE, VA 22578		

NAME: PAM LANE TITLE: DIRECTOR ADDRESS: 4097 Essex Mill Road CITY/ST/ZIP/CO: Dunnsville, VA 22454	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jane M Wills TITLE: Exec Director ADDRESS: P.O. Box 2613 CITY/ST/ZIP/CO: 621 Diangerfield Street Tappahannock, VA 22560	<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/ Jane MWills	Jane MWills,	2/25/2014
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.		