

1.) CORPORATION NAME:

**Association of Fundraising Professionals, Virginia Piedmont  
Chapter, Incorporated**

DUE DATE: **12/30/2010**

SCC ID NO: **04575858**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
DAVID NEUMEYER  
513 CHURCH STREET  
LYNCHBURG, VA 24505**

5.) STOCK INFORMATION

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

**LYNCHBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 12TH ST

CITY/ST/ZIP: LYNCHBURG, VA 24504-

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:	JEFFREY FULGHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	P O BOX 77		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523-		
NAME:	STACY GARRETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2134 WESTERLY DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501-		
NAME:	LISA DIBBLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	103 VERMONT AVENUE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24502-		
NAME:	CAROLINE HUDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	626 CHURCH ST		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24504-		
NAME:	LINDA SPENCER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	501 VES ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503-		

NAME: SHANNON WATTS TITLE: PRESIDENT ADDRESS: P.O. BOX 1015 CITY/ST/ZIP/CO: LYNCHBURG, VA 24505-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN STAFFORD TITLE: DIRECTOR ADDRESS: 1501 LAKESIDE DRIVE CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROD MEEK TITLE: DIRECTOR ADDRESS: 1920 ATHERHOLT ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALLISON CAMM TITLE: PRESIDENT ADDRESS: 1920 ATHERHOLT ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: G. RONALD KASTNER TITLE: PRESIDENT ADDRESS: 600 MAIN STREET CITY/ST/ZIP/CO: LYNCHBURG, VA 24504-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: HARRIET WHITTEN TITLE: DIRECTOR ADDRESS: 860 RED HILL ROAD CITY/ST/ZIP/CO: BROOKNEAL, VA 24528-	<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/ JEFFREY FULGHAM _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY FULGHAM, PAST PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
12/28/2010 _____ 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.	