

1.) CORPORATION NAME:

Association of Fundraising Professionals, Virginia Piedmont Chapter, Incorporated

DUE DATE: **12/31/2011**

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:	ALLISON CAMM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1920 ATHERHOLT ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501-		
NAME:	G. RONALD KASTNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	600 MAIN STREET		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24504-		
NAME:	SHANNON WATTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. BOX 1015		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24505-		
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 TITLE: DIRECTOR ADDRESS: 103 VERMONT AVENUE CITY/ST/ZIP/CO: LYNCHBURG, VA 24502-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CAROLINE HUDSON TITLE: DIRECTOR ADDRESS: 626 CHURCH ST CITY/ST/ZIP/CO: LYNCHBURG, VA 24504-	<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: LINDA SPENCER TITLE: DIRECTOR ADDRESS: 501 VES ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24503-	<input type="checkbox"/> OFFICER <input checked="" 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: 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
12/23/2011 _____ 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.	