

1.) CORPORATION NAME:

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

DUE DATE: **12/31/2012**

SCC ID NO: **04575858**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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:	JOHN STAFFORD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P O BOX 77		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523		

NAME:	LINDA SPENCER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	501 VES ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	SHANNON WATTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	IMM PST PRES DNT		
ADDRESS:	P.O. BOX 1015		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24505		

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:	Jeffrey R Fulgham	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 77		
CITY/ST/ZIP/CO:	Bedford, VA 24502		

NAME:	Randy Reed	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 College Road		
CITY/ST/ZIP/CO:	Hampden-Sydney, VA 23943		

NAME: Marie Martin TITLE: VICE PRESIDENT ADDRESS: 1010 Miller Park Sq., Suite 2 CITY/ST/ZIP/CO: Lynchburg, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Harriet Whitten TITLE: SECRETARY ADDRESS: 1621 Enterprise Drive CITY/ST/ZIP/CO: Lynchburg, VA 24502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lisa Dibble TITLE: VICE PRESIDENT ADDRESS: P.O. Box 1255 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input checked="" 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 RFulgham	Jeffrey RFulgham,	12/28/2012
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.		