

1.) CORPORATION NAME:

BEAVERDAM HERITAGE DAYS FOUNDATION

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
CORINNE BUZARD DIXON
14190 OLD RIDGE RD
BEAVERDAM, VA 23015**

SCC ID NO: **04740585**

5.) STOCK INFORMATION

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

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: POB 132

CITY/ST/ZIP: BEAVERDAM, VA 23015-

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: ROB MONOLO
TITLE: VICE PRESIDENT
ADDRESS: 16003 TYLER STATION RD.
CITY/ST/ZIP/CO: BEAVERDAM, VA 23015-

OFFICER

DIRECTOR

NAME: HENRY L FERRY
TITLE: TREASURER
ADDRESS: 17277 WHITE PINE ROAD
CITY/ST/ZIP/CO: BEAVERDAM, VA 23015-

OFFICER

DIRECTOR

NAME: CORINNE DIXON
TITLE: SEC/DIRECTOR
ADDRESS: 14190 OLD RIDGE ROAD
DEWBERRY FARM
CITY/ST/ZIP/CO: BEAVERDAM, VA 23015-

OFFICER

DIRECTOR

NAME: SANDY MONOLO
TITLE: DIRECTOR
ADDRESS: 18366 TEMAN RD
CITY/ST/ZIP/CO: BEAVERDAM, VA 23015-

OFFICER

DIRECTOR

NAME: BUCKY STANLEY
TITLE: DIRECTOR
ADDRESS: 18055 BEAVERDAM ROAD
CITY/ST/ZIP/CO: BEAVERDAM, VA 23015-

OFFICER

DIRECTOR

NAME: RONALD UMBEL TITLE: DIRECTOR ADDRESS: 20045 LANDORA BRIDGE RD CITY/ST/ZIP/CO: RUTHER GLEN, VA 22546-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN K THOMPSON TITLE: DIRECTOR ADDRESS: 206 CAROLINE ST. CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22408-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: EMMIT (WINK) LEWIS THOMPSON TITLE: DIRECTOR ADDRESS: 6 DEVONSHIRE DRIVE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: FRANK HARGROVE TITLE: DIRECTOR ADDRESS: 13033 OLD RIDGE RD CITY/ST/ZIP/CO: BEAVERDAM, VA 23015-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GREG GLASSNER TITLE: DIRECTOR ADDRESS: 324 N SNEAD STREET CITY/ST/ZIP/CO: ASHLAND, VA 23015-	<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/ CORINNE DIXON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CORINNE DIXON, SEC/DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE	8/28/2011 _____ 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.		