

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213535827

1.) CORPORATION NAME:

**Lakeside Fraternal Order of the Eagles Lodge#4211, Inc.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HAYWARD F TAYLOR IV  
TAYLOR TAYLOR & TAYLOR INC.  
11213 NUCKOLS ROAD, SUITE E**

SCC ID NO: **04832937**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3008 LINCOLN AVENUE

CITY/ST/ZIP: RICHMOND, VA 23228

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:           | JAMES E VINCIL       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT            |   |  |
| ADDRESS:        | 10960 BRANCH ROAD    |   |  |
| CITY/ST/ZIP/CO: | GLEN ALLEN, VA 23060 |   |  |

|                 |                          |   |                                   |
|-----------------|--------------------------|---|-----------------------------------|
| NAME:           | WILLIAM E JENNINGS       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER                |   |                                   |
| ADDRESS:        | 5172 STUDLEY RD          |   |                                   |
| CITY/ST/ZIP/CO: | MECHANICSVILLE, VA 23116 |   |                                   |

|                 |                    |   |                                   |
|-----------------|--------------------|---|-----------------------------------|
| NAME:           | THOMAS J. SMITH JR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY          |   |                                   |
| ADDRESS:        | 1707 PARLOW DRIVE  |   |                                   |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23228 |   |                                   |

|                 |                      |                                  |  |
|-----------------|----------------------|----------------------------------|--|
| NAME:           | DONNIE L. JOHNS      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR             |                                  |  |
| ADDRESS:        | P.O. BOX 321         |                                  |  |
| CITY/ST/ZIP/CO: | MONTPELIER, VA 23192 |                                  |  |

|                 |                              |                                  |  |
|-----------------|------------------------------|----------------------------------|--|
| NAME:           | Dean Clejek                  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                     |                                  |  |
| ADDRESS:        | 8545 Ben Nevis Drive         |                                  |  |
| CITY/ST/ZIP/CO: | North Chesterfield, VA 23235 |                                  |  |

|                 |                      |                                  |  |
|-----------------|----------------------|----------------------------------|--|
| NAME:           | Mike A Demasters     | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR             |                                  |  |
| ADDRESS:        | 901 Francis Road     |                                  |  |
| CITY/ST/ZIP/CO: | Glen Allen, VA 23059 |                                  |  |

|  |   |  |
|--|---|--|
| NAME: Robert M Sullivan<br>TITLE: DIRECTOR<br>ADDRESS: 2926 Ruthland Road<br>CITY/ST/ZIP/CO: Henrico, VA 23228   | <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/ JAMES E VINCIL<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | JAMES E VINCIL, PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE | 7/31/2013<br>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. |   |  |