

1.) CORPORATION NAME:

Virginia Association of Housing Counselors

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
MONICA JEFFERSON
601 S BELVIDERE ST.
RICHMOND, VA 23220**

DUE DATE: **9/30/2010**

SCC ID NO: **04903795**

5.) STOCK INFORMATION

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

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 S BELVIDERE STREET

CITY/ST/ZIP: RICHMOND, VA 23220-

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: SHERNITA BETHEA
TITLE: PRESIDENT
ADDRESS: 723 WOODLAKE DR
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-

OFFICER

DIRECTOR

NAME: LUANNE GALLAGHER
TITLE: TREASURER
ADDRESS: 3804-A POPLAR HILL ROAD
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23221-

OFFICER

DIRECTOR

NAME: PAUL HARPER
TITLE: CONFERENCE COOR
ADDRESS: 401 MCINTIRE ROAD
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: BOBBIE JO WERT
TITLE: SECRETARY
ADDRESS: 23372 FRONT ST.
PO BOX 417
CITY/ST/ZIP/CO: ACCOMAC, VA 23301-

OFFICER

DIRECTOR

NAME: MELISSA R YUILLE
TITLE: Second VP
ADDRESS: 926 COMMERCE ST
CITY/ST/ZIP/CO: LYNCHBURG, VA 24504-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERI L MILES ASST SECRETARY DHCD 501 NORTH SECOND ST. RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONICA JEFFERSON First VP VHDA 601 S BELVIDERE ST. RICHMOND, VA 23220-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY JONES Financial Secy FAIRFAX CNTY DHCD 3700 PENDER DR., STE 100 FAIRFAX, VA 22030-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN SERFIS Member at Large AHOME 2009 N 14TH ST STE 507 ARLINGTON, VA 22201-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLE M TODD Member at Large VBCDC 2700 INTERNATIONAL PKWY VIRGINIA BEACH, VA 23452-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAWN WASHINGTON Member at Large VHDA 601 S BELVIDERE ST. RICHMOND, VA 23220-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY R WALKER Member at Large DANVILLE RHA POB 2669 DANVILLE, VA 24541-	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ LUANNE GALLAGHER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LUANNE GALLAGHER, TREASURER PRINTED NAME AND CORPORATE TITLE	<u>8/30/2010</u> DATE
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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.