

1.) CORPORATION NAME: **CENTRAL VIRGINIA HOMESCHOOL ATHLETIC ASSOCIATION** DUE DATE: **12/31/2013**
 SCC ID NO: **04949970**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **TRACEY LABON BYRD
14225 BEACHMERE DR
CHESTER, VA** 5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:
 ADDRESS: 14225 Beachmere Dr.
 CITY/ST/ZIP: CHESTER, VA 23831

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: PAMELA SHAFFER TITLE: DIRECTOR ADDRESS: 15301 RIVER ROAD CITY/ST/ZIP/CO: CHESTERFIELD, VA 23838	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SAMANTHA HARRELL TITLE: SECRETARY ADDRESS: 13246 GRAVELBROOK ROAD CITY/ST/ZIP/CO: PETERSBURG, VA 23805	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GREGG TOBEY TITLE: DIRECTOR ADDRESS: 811 HOLLYPARK DRIVE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TRACEY BYRD TITLE: PRESIDENT ADDRESS: 14225 Beachmere Dr. CITY/ST/ZIP/CO: CHESTER, VA 23831	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID JOHNSON TITLE: TREASURER ADDRESS: 2900 JOHNSONWAY TERRACE CITY/ST/ZIP/CO: POWHATAN, VA 23139	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JACK HARRELL TITLE: DIRECTOR ADDRESS: 13246 GRAVELBROOK RD CITY/ST/ZIP/CO: PETERSBURG, VA 23805	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT MECHLING DIRECTOR 6110 POND GRASS RD. MECHANICSVILLE, VA 23111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLINE MECHLING DIRECTOR 6110 POND GRASS RD. MECHANICSVILLE, VA 23111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMANDA BOOKER DIRECTOR 13407 BLUE HERON LOOP CHESTERFIELD, VA 23838	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ TRACEY BYRD	TRACEY BYRD, PRESIDENT	12/19/2013
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.