

1.) CORPORATION NAME: **CENTRAL VIRGINIA HOMESCHOOL ATHLETIC ASSOCIATION** DUE DATE: **12/31/2015**
 SCC ID NO: **04949970**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **JACK HARRELL**
13246 GRAVELBROOK RD.
SOUTH PRINCE GEORGE, VA 5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:
 ADDRESS: 13246 Gravelbrook Rd.
 CITY/ST/ZIP: South Prince George, VA 23805

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: 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
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
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
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
NAME: SCOTT MECHLING TITLE: DIRECTOR ADDRESS: 6110 POND GRASS RD. CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CAROLINE MECHLING TITLE: DIRECTOR ADDRESS: 6110 POND GRASS RD. CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

NAME: PAMELA SHAFFER OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 15301 RIVER ROAD
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23838

NAME: GREGG TOBEY OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 811 HOLLYPARK DRIVE
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114

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/ SAMANTHA HARRELL SAMANTHA HARRELL, 12/29/2015
SIGNATURE OF DIRECTOR/OFFICER SECRETARY DATE
LISTED IN THIS REPORT PRINTED NAME AND CORPORATE
TITLE

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.