

1.) CORPORATION NAME:

BEDFORD HOST LIONS CLUB, INC.

DUE DATE: **3/31/2011**

SCC ID NO: **05004940**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

NELSON E LEFTWICH JR

1724 GRANDVIEW RD

BEDFORD, VA 24523

5.) STOCK INFORMATION

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

BEDFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1724 GRAND VIEW ROAD

CITY/ST/ZIP: BEDFORD, VA 24523-

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: NELSON E LEFTWICH JR
TITLE: SECRETARY
ADDRESS: 1724 GRAND VIEW ROAD
CITY/ST/ZIP/CO: BEDFORD, VA 24523-

OFFICER

DIRECTOR

NAME: W JEAN TRAVIS
TITLE: TREASURER
ADDRESS: 3402 SHARPS MTN ROAD
CITY/ST/ZIP/CO: BEDFORD, VA 24523-

OFFICER

DIRECTOR

NAME: DENNIS H GIBBS
TITLE: DIRECTOR
ADDRESS: 954 ASHLAND AVENUE
CITY/ST/ZIP/CO: BEDFORD, VA 24523-

OFFICER

DIRECTOR

NAME: JEFF A HOGAN
TITLE: PRESIDENT
ADDRESS: 2660 CRAB ORCHARD ROAD
CITY/ST/ZIP/CO: HUDDLESTON, VA 24104-

OFFICER

DIRECTOR

NAME: BRENT W BIGNEY
TITLE: VICE PRESIDENT
ADDRESS: 557 WESTVIEW AVE.
CITY/ST/ZIP/CO: BEDFORD, VA 24523-

OFFICER

DIRECTOR

NAME: MARGARET K ANDERSON TITLE: VICE PRESIDENT ADDRESS: 1276 PARKER ROAD CITY/ST/ZIP/CO: BEDFORD, VA 24523-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JEFF L PERSINGER TITLE: DIRECTOR ADDRESS: 1028 SNOWBERRY HILL DRIVE CITY/ST/ZIP/CO: BEDFORD, VA 24523-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JENNIFER PERSINGER TITLE: VICE PRESIDENT ADDRESS: 1028 SNOWBERRY HILL DRIVE CITY/ST/ZIP/CO: BEDFORD, VA 24523-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BETTY H JOHNSON TITLE: DIRECTOR ADDRESS: PO BOX 504 CITY/ST/ZIP/CO: BEDFORD, VA 24523-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEAN O TRAVIS TITLE: DIRECTOR ADDRESS: 3402 SHARPES MOUNTAIN RD CITY/ST/ZIP/CO: BEDFORD, VA 24523-	<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/ NELSON E LEFTWICH JR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NELSON E LEFTWICH JR, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
2/24/2011 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.	