

1.) CORPORATION NAME:  
**KUUMBA COMMUNITY HEALTH & WELLNESS CENTER,  
INC.**

DUE DATE: **3/31/2014**

SCC ID NO: **05187505**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  
**HEMAN A MARSHALL III  
WOODS ROGERS PLC  
10 S JEFFERSON ST STE 1400  
  
ROANOKE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3716 MELROSE AVE NW

CITY/ST/ZIP: ROANOKE, VA 24017

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DONNA HARRIS	
TITLE:	TREASURER	
ADDRESS:	1436 DEACON STREET	
CITY/ST/ZIP/CO:	SALEM, VA 24153	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FRANCES SAUNDERS	
TITLE:	SECRETARY	
ADDRESS:	1641 ANDREWS RD	
CITY/ST/ZIP/CO:	ROANOKE, VA 24017	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM L LEE	
TITLE:	CHAIRMAN	
ADDRESS:	4139 APPLETON AVE NW	
CITY/ST/ZIP/CO:	ROANOKE, VA 24017	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LINDA MANNS	
TITLE:	VICE CHAIR	
ADDRESS:	3103 NORTHSIDE ROAD	
CITY/ST/ZIP/CO:	ROANOKE, VA 24019	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANA BOWER	
TITLE:	DIRECTOR	
ADDRESS:	4438 PHEASANT RIDGE RD APT 304	
CITY/ST/ZIP/CO:	ROANOKE, VA 24014	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARBARA BRADY	
TITLE:	DIRECTOR	
ADDRESS:	6522 BRYANT CIRCLE	
CITY/ST/ZIP/CO:	ROANOKE, VA 24019	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA CONLEY DIRECTOR 1201 THIRD ST SW ROANOKE, VA 24016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN HAM DIRECTOR 2758 ELECTRIC RD SUITE D ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVELYN MANNING-MACK DIRECTOR 204 WELLS AVE ROANOKE, VA 24017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BROOKS MICHAEL DIRECTOR 450 HIGHLAND RD SALEM, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM STELLER DIRECTOR 4876 HICKORY RIDGE CT ROANOKE, VA 24016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERMAN STOVALL DIRECTOR 2427 WESTMONT ST ROANOKE, VA 24012	<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/ WILLIAM L LEE	WILLIAM L LEE, CHAIRMAN	3/27/2014
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.