

1.) CORPORATION NAME:

JAMES RIVER BLUEGRASS ASSOCIATION, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MATTHEW W. COX
157 ASHMONT DRIVE
MADISON HEIGHTS, VA**

SCC ID NO: **05187927**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

AMHERST COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 157 ASHMONT DR

CITY/ST/ZIP: MADISON HEIGHTS, VA 24572

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:	DENNIS ZIRKLE, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	106 SEAGULL WAY		
CITY/ST/ZIP/CO:	GOODVIEW, VA 24095		
NAME:	JOHN HARVEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 188		
CITY/ST/ZIP/CO:	ROSELAND, VA 22967		
NAME:	PAM ZIRKLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O. BOX 878		
CITY/ST/ZIP/CO:	AMHERST, VA 24521		
NAME:	MATTHEW COX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	157 ASHMONT DR		
CITY/ST/ZIP/CO:	MADISON HEIGHTS, VA 24572		
NAME:	CONNIE HENSLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 WITCHER CREEK LANE		
CITY/ST/ZIP/CO:	HUDDLESTON, VA 24104		
NAME:	CHARLES MOSBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 1494		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24505		

NAME: PETE DOWDY TITLE: DIRECTOR ADDRESS: 25 GARLAND DR CITY/ST/ZIP/CO: LYNCHBURG, VA 24504	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HOWARD FRANCE TITLE: DIRECTOR ADDRESS: 168 WEST BETHEL DR CITY/ST/ZIP/CO: MADISON HEIGHTS, VA 24572	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LINWOOD WRIGHT TITLE: DIRECTOR ADDRESS: 118 THOMAS ROAD CITY/ST/ZIP/CO: MADISON HEIGHTS, VA 24572	<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/ MATTHEW COX SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATTHEW COX, TREASURER PRINTED NAME AND CORPORATE TITLE	6/25/2013 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.		