

1.) CORPORATION NAME:

JAMES RIVER BLUEGRASS ASSOCIATION, INC.

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

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
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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:	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:	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:	PETE DOWDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25 GARLAND DR		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24504		
NAME:	HOWARD FRANCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	168 WEST BETHEL DR		
CITY/ST/ZIP/CO:	MADISON HEIGHTS, VA 24572		

NAME: CONNIE HENSLEY TITLE: DIRECTOR ADDRESS: 500 WITCHER CREEK LANE CITY/ST/ZIP/CO: HUDDLESTON, VA 24104	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES MOSBY TITLE: DIRECTOR ADDRESS: P.O. BOX 1494 CITY/ST/ZIP/CO: LYNCHBURG, VA 24505	<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	7/31/2014 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.		