

1.) CORPORATION NAME:

**FRIENDS OF THE ROCKBRIDGE CHORAL SOCIETY, INC.**

DUE DATE: **8/31/2010**

SCC ID NO: **05254065**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**BRIAN J KEARNEY**

**7 COURT HOUSE SQ**

**LEXINGTON, VA 24450**

5.) STOCK INFORMATION

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

**LEXINGTON CITY (FILED IN ROCKBRIDGE COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: POB 965

CITY/ST/ZIP: LEXINGTON, VA 24450-

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:	BARBARA BROWN	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	SECRETARY				
ADDRESS:	10 CHAMBERLAIN LOOP				
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-				

NAME:	JANICE HATHORN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	915 PROVIDENCE PL				
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-				

NAME:	WILLIAM JOHNSTON	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	1196 THORN HILL RD.				
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-				

NAME:	ANNE RIFFEY-BUCKNER	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	5367 W. MIDLAND TRAIL				
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-				

NAME:	MARGARET HOWARD	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	PRESIDENT				
ADDRESS:	406 S. MAIN ST.				
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450-				

NAME: NANALOU SAUDER TITLE: DIRECTOR ADDRESS: 160 KENDAL DR., APT. T14 SOUTH CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ELIZABETH OLIVER TITLE: DIRECTOR ADDRESS: 205 WHITE ST. CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LAURA DEMARIA TITLE: DIRECTOR ADDRESS: 915 PROVIDENCE PL. CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ANNE SAUDER TITLE: TREASURER ADDRESS: PO BOX 1280 CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ ANNE SAUDER	ANNE SAUDER, TREASURER	8/26/2010
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.