

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211517247

1.) CORPORATION NAME:

FRIENDS OF THE ROCKBRIDGE CHORAL SOCIETY, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
BRIAN J KEARNEY
65 E. MIDLAND TRAIL
P.O. BOX 905**

LEXINGTON, VA 24450

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROCKBRIDGE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **8/31/2011**

SCC ID NO: **05254065**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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: MARGARET HOWARD
TITLE: PRESIDENT
ADDRESS: 406 S. MAIN ST.
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER

DIRECTOR

NAME: BARBARA BROWN
TITLE: SECRETARY
ADDRESS: 10 CHAMBERLAIN LOOP
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER

DIRECTOR

NAME: LAURA DEMARIA
TITLE: DIRECTOR
ADDRESS: 915 PROVIDENCE PL.
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER

DIRECTOR

NAME: JANICE HATHORN
TITLE: DIRECTOR
ADDRESS: 915 PROVIDENCE PL
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER

DIRECTOR

NAME: WILLIAM JOHNSTON
TITLE: DIRECTOR
ADDRESS: 1196 THORN HILL RD.
CITY/ST/ZIP/CO: LEXINGTON, VA 24450-

OFFICER

DIRECTOR

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	
NAME: ANNE RIFFEY-BUCKNER TITLE: DIRECTOR ADDRESS: 5367 W. MIDLAND TRAIL CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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	
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	
NAME: JOHN V. MIRABELLA TITLE: DIRECTOR ADDRESS: 2 RING NECK ROAD CITY/ST/ZIP/CO: LEXINGTON, VA 24450-	<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/ ANNE SAUDER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANNE SAUDER, TREASURER _____ PRINTED NAME AND CORPORATE TITLE	8/2/2011 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.		