

1.) CORPORATION NAME:

Goochland Free Clinic and Family Services, Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALEXANDER C GRAHAM JR
WILLIAMS MULLEN CENTER, 200 SOUTH 10TH STREET
P.O. BOX 1320**

SCC ID NO: **05294202**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 116

CITY/ST/ZIP: GOOCHLAND, VA 23063

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:	JOHN SAMPLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1137 MANAKIN ROAD		
CITY/ST/ZIP/CO:	MANAKIN-SABOT, VA 23103		
NAME:	JOSEPH ANDREWS JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	534 BROAD STREET ROAD		
CITY/ST/ZIP/CO:	MANAKIN SABOT, VA 23103		
NAME:	J RAND BAGGESEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9708 OLD DELL TRACE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
NAME:	ALEXANDER GRAHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3801 OLD GUN ROAD WEST		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		
NAME:	Keith Reynolds	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	315 Randolph Square		
CITY/ST/ZIP/CO:	Richmond, VA 23238		
NAME:	Patricia Barden	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1826 Summer Wind Lane		
CITY/ST/ZIP/CO:	Maidens, VA 23102		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jack Forestell DIRECTOR 13266 Apdon Ct. Richmond, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lisa Luck DIRECTOR 2020 Fairgrounds Rd Maidens, VA 23102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrew McLean TREASURER 12 Dove Cove Richmond, VA 23238	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Pat Maddox DIRECTOR 1304 Hawkwell Court Maidens, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tony Ponsiglione VICE PRESIDENT 1030 Manakin Rd. Manakin-Sabot, VA 23103	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Troy Raines DIRECTOR 1673 Fox Downs Lane Oilville, VA 23129	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bryan Rhode DIRECTOR 1933 Covington Rd Crozier, VA 23039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Elizabeth Rider SECRETARY 900 Millers Lane Manakin-Sabot, VA 23238	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Neil Spoonhower DIRECTOR 2986 Willow Trace La Sandy Hook, VA 23153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sandra Taylor-Smith DIRECTOR 12754 River Rd Richmond, VA 23238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John B. Wack DIRECTOR 1407 Chaplin Bay Dr. Chester, VA 23836	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Wendy Woods TITLE: DIRECTOR ADDRESS: 3 Deer Run Rd. CITY/ST/ZIP/CO: Manakin-Sabot, VA 23103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Gary Zeevi TITLE: DIRECTOR ADDRESS: 1670 Shallow Well Rd. CITY/ST/ZIP/CO: Manakin-Sabot, VA 23103	<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/ Keith Reynolds SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Keith Reynolds, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/11/2013 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.		