

1.) CORPORATION NAME:

**Abingdon High School Band Boosters, Inc.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PHILLIP G HEARL  
366 W MAIN ST STE 100  
ABINGDON, VA 24210**

SCC ID NO: **05295159**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**WASHINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 705 THOMPSON DRIVE

CITY/ST/ZIP: ABINGDON, VA 24210

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:	JEFF BLEVINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	19032 LEXI DR.		
CITY/ST/ZIP/CO:	ABINGDON, VA 24210		
NAME:	JULIA RITTERBUSCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Member-at-Large		
ADDRESS:	1432 Bear Creek Rd		
CITY/ST/ZIP/CO:	Atkins, VA 24311		
NAME:	MELISSA HILT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	22481 BARN HILL RD		
CITY/ST/ZIP/CO:	ABINGDON, VA 24211		
NAME:	GARY HOLLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	741 CHEROKEE LANE		
CITY/ST/ZIP/CO:	CHILHOWIE, VA 24319		
NAME:	Melinda Fairhurst	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	16480 Pilgrim Lane		
CITY/ST/ZIP/CO:	Abingdon, VA 24211		
NAME:	Melissa Eller	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Ways & Means		
ADDRESS:	17264 Ashley Hills Circle		
CITY/ST/ZIP/CO:	Abingdon, VA 24211		

NAME: Linda Gambrel TITLE: Member-at-Large ADDRESS: 20213 Colony Ln CITY/ST/ZIP/CO: Bristol, VA 24202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Alice Warren TITLE: TREASURER ADDRESS: 20191 Avondale Rd CITY/ST/ZIP/CO: Abingdon, VA 24211	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Carla Jonas TITLE: Volunt. Coord. ADDRESS: 18445 John Ashley Dr. CITY/ST/ZIP/CO: Abingdon, VA 24211	<input checked="" 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/ GARY HOLLEY	GARY HOLLEY, DIRECTOR	11/17/2012
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.		