

1.) CORPORATION NAME:

Abingdon High School Band Boosters, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05295159**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	ALICE WARREN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	20191 AVONDALE RD		
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:	Carla Jonas	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	18445 John Ashley Dr.		
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:	Scott Sexton	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	25435 Hillman Highway		
CITY/ST/ZIP/CO:	Abingdon, VA 24210		

NAME: Barbara Latham-Bowman TITLE: Member@Large ADDRESS: 20051 Benhams Rd CITY/ST/ZIP/CO: Bristol, VA 24202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jennifer Towne TITLE: Vol. Coordin. ADDRESS: 19474 Johnson Dr. CITY/ST/ZIP/CO: Abingdon, VA 24211	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David Jonas TITLE: Member@Large 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	10/23/2013
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.		