

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215542640

1.) CORPORATION NAME:

Chesapeake Supportive Housing, Inc.

DUE DATE: **11/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **05301817**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2550 UNIVERSITY AVENUE
SUITE 330N

CITY/ST/ZIP: ST PAUL, MN 55114

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:	STEPHEN VANDER SCHAAF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/T		
ADDRESS:	2550 UNIVERSITY AVENUE SUITE 330N		
CITY/ST/ZIP/CO:	ST PAUL, MN 55114		

NAME:	BRADLEY A FULLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	2550 UNIVERSITY AVENUE SUITE 330N		
CITY/ST/ZIP/CO:	ST PAUL, MN 55114		

NAME:	MAYNARD BOSTROM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1680 EASTWOOD DRIVE #209		
CITY/ST/ZIP/CO:	ROCHESTER, MN 55904		

NAME:	MARK E HAMEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4820 SHERIDAN AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55410		

NAME:	KAY KNUTSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2749 11TH AVE. S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55407		

NAME:	JASON MANNING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1437 SANGEREE CIRCLE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23464		

NAME: PAUL A MELVIN TITLE: DIRECTOR ADDRESS: 9621 SHELBY PLACE CITY/ST/ZIP/CO: NORFOLK, VA 23503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRENDA C RIGGS TITLE: DIRECTOR ADDRESS: 2500 WEST LANDING RD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23456	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE SCHUGEL TITLE: DIRECTOR ADDRESS: 1386 RYAN AVE. WEST CITY/ST/ZIP/CO: ROSEVILLE, MN 55113	<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/ BRADLEY A FULLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRADLEY A FULLER, VP/S PRINTED NAME AND CORPORATE TITLE	11/24/2015 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.		