

1.) CORPORATION NAME:

Russell Grove Alumni Association, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ESTELLE WOODSON
PO BOX 213
AMELIA, VA**

SCC ID NO: **05334321**

5.) STOCK INFORMATION

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

AMELIA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 213

CITY/ST/ZIP: AMELIA, VA 23002

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:	BRENDA H JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	17801 ARCHERS CREEK LANE		
CITY/ST/ZIP/CO:	AMELIA, VA 23002		
NAME:	JEAN MARROW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5513 IRON HORSE RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23234		
NAME:	CHRISTOPHER ARCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	POB 31677		
CITY/ST/ZIP/CO:	RICHMOND, VA 23294		
NAME:	THOMAS BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14331 DYKELAND RD		
CITY/ST/ZIP/CO:	AMELIA, VA 23002		
NAME:	Henry J. Featherston, Jr.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P. O. Box 201		
CITY/ST/ZIP/CO:	Amelia, VA 23002		
NAME:	Leslie Montaque	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	504 Little Margaret Lane		
CITY/ST/ZIP/CO:	Highland Springs, VA 23075		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bercenia LaVerne Johnson VICE PRESIDENT P. O. Box 58 Amelia, VA 23002	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas E Booker, Sr. DIRECTOR 3410 Chesdin Lake Road Church Road, VA 23833	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Benjamin Barley DIRECTOR 14261 Clementown Road Amelia, VA 23002	<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/ BRENDA H JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRENDA H JOHNSON, TREASURER PRINTED NAME AND CORPORATE TITLE	1/3/2014 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.					