

SCC eFile

**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

216517345

1.) CORPORATION NAME:

YOUNG MUSICIANS OF VIRGINIA

DUE DATE: **3/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NANCY GRICE
540 RODNEY LN
VIRGINIA BEACH, VA**

SCC ID NO: **05368782**

5.) STOCK INFORMATION

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

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 64504

CITY/ST/ZIP: VA BEACH, VA 23467-4504

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN AMES		
TITLE:	PRESIDENT		
ADDRESS:	2336 BREEZY PINES LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23456		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID LEWIS		
TITLE:	PRESIDENT		
ADDRESS:	521 BRANDON WAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAWN MARTIN		
TITLE:	SECRETARY/TREAS		
ADDRESS:	640 LIBERTY BELL ROAD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT WILLIAMS		
TITLE:	SECRETARY/BOD		
ADDRESS:	184 EAGLETON CIRCLE		
CITY/ST/ZIP/CO:	MOYOCK, NC 27958		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER CARD		
TITLE:	DIRECTOR		
ADDRESS:	1661 MAC GREGORY STREET		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23464		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	YVONNE LASSITER		
TITLE:	DIRECTOR		
ADDRESS:	5309 FAIRHILL COURT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23464		

NAME:	KEN STOELTZING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1241 RIVER OAKS DRIVE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23502		

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/ CHRISTOPHER CARD	CHRISTOPHER CARD, DIRECTOR	5/6/2016
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.