

1.) CORPORATION NAME:

Community Healthcare Foundation, Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**FREDDIE E MULLINS
256 COLLEY SHOPPING CENTER
PO BOX 951**

SCC ID NO: **05534466**

5.) STOCK INFORMATION

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

CLINTWOOD, VA 24228

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

DICKENSON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1621 NORTON RD

CITY/ST/ZIP: WISE, VA 24293

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:	ROBERT LEONARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Vice Chair/Sec		
ADDRESS:	POB 555		
CITY/ST/ZIP/CO:	NORTON, VA 24273		
NAME:	HARRY DOTSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 864		
CITY/ST/ZIP/CO:	WISE, VA 24293		
NAME:	CHARLES WARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	POB 363		
CITY/ST/ZIP/CO:	WISE, VA 24293		
NAME:	BUFORD STURGILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	801 VIRGINIA AVENUE		
CITY/ST/ZIP/CO:	NORTON, VA 24273		
NAME:	James Manicure	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 363		
CITY/ST/ZIP/CO:	Wise, VA 24293		
NAME:	Willie Price-Harris	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 950		
CITY/ST/ZIP/CO:	Wise, VA 24293		

NAME: John Wright TITLE: DIRECTOR ADDRESS: 96 15th St NW Ste 101 CITY/ST/ZIP/CO: Norton, VA 24273	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Matthew W Cusano TITLE: DIRECTOR ADDRESS: 96 15th St NW Ste 104 CITY/ST/ZIP/CO: NORTON, VA 24273	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: William Wampler TITLE: DIRECTOR ADDRESS: P.O. Box 950 CITY/ST/ZIP/CO: wise, VA 24293	<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/ CHARLES WARD	CHARLES WARD, CHAIRMAN	1/29/2013
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.		