

1.) CORPORATION NAME:

Community Healthcare Foundation, Inc.

DUE DATE: **2/28/2014**

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
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CLINTWOOD, VA

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 TITLE: VICE CHAIR/SEC ADDRESS: POB 555 CITY/ST/ZIP/CO: NORTON, VA 24273	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES WARD TITLE: CHAIRMAN ADDRESS: POB 363 CITY/ST/ZIP/CO: WISE, VA 24293	<input checked="" 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: JAMES MANICURE TITLE: DIRECTOR ADDRESS: P.O. BOX 363 CITY/ST/ZIP/CO: WISE, VA 24293	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIE PRICE-HARRIS TITLE: DIRECTOR ADDRESS: P.O. BOX 950 CITY/ST/ZIP/CO: WISE, VA 24293	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BUFORD STURGILL TITLE: DIRECTOR ADDRESS: 801 VIRGINIA AVENUE CITY/ST/ZIP/CO: NORTON, VA 24273	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM WAMPLER DIRECTOR P.O. BOX 950 WISE, VA 24293	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN WRIGHT DIRECTOR 96 15TH ST NW STE 101 NORTON, VA 24273	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles H Slem, III DIRECTOR PO Box 3964 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES WARD, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	2/27/2014 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.			