

1.) CORPORATION NAME:

**CUMBERLAND COUNTY PUBLIC SCHOOLS FOUNDATION,
INC.**

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

SCC ID NO: **05540703**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CLIFTON C WHITE
6481 ANDERSON HWY
POWHATAN, VA**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CUMBERLAND COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 ANDERSON HWY

CITY/ST/ZIP: POWHATAN, VA 23139

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:	PATRICIA BICKEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	RECORDING S		
ADDRESS:	178 DEEP RUN ROAD		
CITY/ST/ZIP/CO:	CARTERSVILLE, VA 23027		

NAME:	CLIFTON C WHITE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1 ANDERSON HWY		
CITY/ST/ZIP/CO:	POWHATAN, VA 23139		

NAME:	WILLIAM F OSL JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CO-CHAIRMAN		
ADDRESS:	158 OAKLAND LANE		
CITY/ST/ZIP/CO:	COLUMBIA, VA 23038		

NAME:	BRUCE ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CO-CHAIRMAN		
ADDRESS:	566 DEER RUN ROAD		
CITY/ST/ZIP/CO:	CHARTERSVILLE, VA 23027		

NAME:	BARBARA GAMAGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 72		
CITY/ST/ZIP/CO:	CUMBERLAND, VA 23040		

NAME:	LINDA LINEWEAVER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	185 BARTERHILL RD		
CITY/ST/ZIP/CO:	CUMBERLAND, VA 23040		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOROTHY COSBY DIRECTOR 186 COOKS RD FARMVILLE, VA 23901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HERBERT GOODMAN DIRECTOR 349 SUNNYSIDE RD CUMBERLAND, VA 23040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BEVERLY LUCAS HILL DIRECTOR PO BOX 170 CUMBERLAND, VA 23040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHIP JONES DIRECTOR 3141 ROCKY FORD RD CREWE, VA 23930	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VAN PETTY DIRECTOR 1963 ANDERSON HWY CUMBERLAND, VA 23040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA REID DIRECTOR 2371 CUMBERLAND RD FARMVILLE, VA 23901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY SCALES DIRECTOR PO BOX 170 CUMBERLAND, VA 23040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON SPEARS DIRECTOR PO BOX 99 GOOCHLAND, VA 23063	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAZEL URQUHART DIRECTOR 31 OAKLAND LANE COLUMBIA, VA 23038	<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/ CLIFTON C WHITE	CLIFTON C WHITE, TREASURER	5/9/2014
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.