

1.) CORPORATION NAME:

HISTORIC BOYDTON'S RENAISSANCE, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WALTER R BEALES III
PO BOX 239
BOYDTON, VA**

SCC ID NO: **05602974**

5.) STOCK INFORMATION

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

MECKLENBURG COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 531

CITY/ST/ZIP: BOYDTON, VA 23917

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: WALTER R BEALES TITLE: VICE PRESIDENT ADDRESS: PO BOX 239 CITY/ST/ZIP/CO: BOYDTON, VA 23917	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAMELA GIFFORD TITLE: TREASURER ADDRESS: 1100 Jefferson St CITY/ST/ZIP/CO: BOYDTON, VA 23917	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSHUA HATCHELL TITLE: SECRETARY ADDRESS: PO BOX 7 CITY/ST/ZIP/CO: BOYDTON, VA 23917	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILL OBER TITLE: PES ADDRESS: 832 JEFFERSON ST CITY/ST/ZIP/CO: BOYDTON, VA 23917	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VIRGINIA ANNE BROYLES TITLE: DIRECTOR ADDRESS: PO BOX 328 CITY/ST/ZIP/CO: BOYDTON, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ENID CALIFF-YOUNG TITLE: DIRECTOR ADDRESS: 23297 HIGHWAY 58 CITY/ST/ZIP/CO: BOYDTON, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	WILLIAM H. COLEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 344		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		
NAME:	E. E. COLEMAN, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 401		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		
NAME:	MICHAEL FARROW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	98 FINCH LN		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		
NAME:	CHARLES ROUSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	579 WASHINGTON STREET		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		
NAME:	BILL THOMPSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	317 Madison Street		
CITY/ST/ZIP/CO:	BOYDTON, VA 23924		
NAME:	MILDRED WINN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 221		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		
NAME:	GERALD WRENN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	58 DECATUR STREET		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		
NAME:	CAROL WRENN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	58 DECATUR STREET		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		
NAME:	Jennie Saltzman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 103		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		
NAME:	Karen Whitten	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	581 Madison Street		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		

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/ PAMELA GIFFORD	PAMELA GIFFORD, TREASURER	4/29/2014
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.