

1.) CORPORATION NAME: Oak Park Civic Association, Inc.	DUE DATE: 6/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INCORPORATED 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: 05603535
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 72665

CITY/ST/ZIP: NORTH CHESTERFIELD, VA 23235

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: THERESA M RIDDLE		
TITLE: PRESIDENT		
ADDRESS: PO BOX 72665		
CITY/ST/ZIP/CO: NORTH CHESTERFIELD, VA 23235		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER S JEFFERSON		
TITLE: VICE PRESIDENT		
ADDRESS: PO BOX 72665		
CITY/ST/ZIP/CO: NORTH CHESTERFIELD, VA 23235		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THERESA M RIDDLE		
TITLE: TREASURER		
ADDRESS: PO BOX 72665		
CITY/ST/ZIP/CO: NORTH CHESTERFIELD, VA 23235		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DIANNE C MAYS		
TITLE: SECRETARY		
ADDRESS: PO BOX 72665		
CITY/ST/ZIP/CO: NORTH CHESTERFIELD, VA 23235		

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/ THERESA M RIDDLE	THERESA M RIDDLE, PRESIDENT	5/12/2015
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.