

1.) CORPORATION NAME:

**Norfolk Education Foundation**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SAMUEL T. KING  
800 E CITY HALL AVE  
NORFOLK, VA**

SCC ID NO: **05798780**

5.) STOCK INFORMATION

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

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 EAST CITY HALL AVE  
12TH FLOOR, ROOM 1203

CITY/ST/ZIP: NORFOLK, VA 23510

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:	ELIZABETH FRAIM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 E CITY HALL AVE		
	#1203		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		

NAME:	CARLOS J CLANTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EX DIR		
ADDRESS:	800 E CITY HALL AVE		
	#1203		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		

NAME:	KIM GEORGES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	800 E CITY HALL AVE		
	#1203		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		

NAME:	CASSANDRA NEWBY-ALEXANDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	800 E CITY HALL AVE		
	#1203		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		

NAME:	LISA CHANDLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Past Chair		
ADDRESS:	800 E CITY HALL AVE		
	#1203		
CITY/ST/ZIP/CO:	NORFOLK, VA 23510		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA HAMM LEE VICE CHAIRMAN 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA AMBLER VICE CHAIRMAN 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY BISHOP DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VERNON FAREED PRESIDENT 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLORIA HAGANS DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIRK T HOUSTON DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN C JONES DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARLENE JOYNER TREASURER 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KERRY LAMBERT DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH NEWMAN DIRECTOR 800 E CITY HALL AVE #1203 NORFOLK, VA 23510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: URSULA RHODES TITLE: DIRECTOR ADDRESS: 800 E CITY HALL AVE #1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LILLIAN P WRIGHT TITLE: DIRECTOR ADDRESS: 800 E CITY HALL AVE #1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Linda McClunney TITLE: DIRECTOR ADDRESS: 800 E CITY HALL AVE Room 1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: John Maddox TITLE: DIRECTOR ADDRESS: 800 E CITY HALL AVE Room 1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Kyleah Parson TITLE: DIRECTOR ADDRESS: 800 E CITY HALL AVE Room 1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Courtney Smith TITLE: DIRECTOR ADDRESS: 800 E CITY HALL AVE Room 1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Nathalie Williams TITLE: DIRECTOR ADDRESS: 800 E CITY HALL AVE Room 1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Laura Calvert TITLE: DIRECTOR ADDRESS: 800 E CITY HALL AVE Room 1203 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<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/ CARLOS J CLANTON	CARLOS J CLANTON, EX DIR	7/8/2013
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.		