

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212541444

1.) CORPORATION NAME:

Virginia Association of Personal Care Providers, Inc.

DUE DATE: 10/31/2012

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

WILLIAM J SEIDEL
1111 EAST MAIN STREET, 16TH FLOOR
RICHMOND, VA 23219

SCC ID NO: 05862693

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3509 BOULEVARD

CITY/ST/ZIP: COLONIAL HEIGHTS, VA 23834

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: OLIVIA CRAWLEY JONES
TITLE: PRESIDENT
ADDRESS: 3509 BOULEVARD
CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834

OFFICER DIRECTOR

NAME: DEBORAH OGREN
TITLE: SECRETARY
ADDRESS: 604 YORK POINT ROAD
CITY/ST/ZIP/CO: SEAFORD, VA 23696

OFFICER DIRECTOR

NAME: W JACKSON NELMS
TITLE: TREASURER
ADDRESS: 1500 HUGUENOT ROAD
CITY/ST/ZIP/CO: STE 104
MIDLOTHIAN, VA 23113

OFFICER DIRECTOR

NAME: BONNIE GORDON
TITLE: POLICY CHAIR
ADDRESS: 413 STUART CIRCLE
CITY/ST/ZIP/CO: STE 120
RICHMOND, VA 23220

OFFICER DIRECTOR

NAME: STEVE MIZE
TITLE: DIRECTOR
ADDRESS: 3352 HALIFAX RD
CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592

OFFICER DIRECTOR

NAME: SYLVIA PEREZ
TITLE: VICE PRESIDENT
ADDRESS: PO BOX 36
CITY/ST/ZIP/CO: BELL HAVEN, VA 23306

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHNNY WILKINSON DIRECTOR 23430 ROCK HAVEN WAY SUITE 220 DULLES, VA 20166	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA DAVEY DIRECTOR 6718 PATTERSON AVENUE RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALISE CULBERTSON DIRECTOR 5115 BERNARD DRIVE SUITE 103 ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A THURMAN DIRECTOR 13001 MAIN STREET STONY CREEK, VA 23882	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TROY ILAPIT DIRECTOR 3400 AIRLINE BOULEVARD PORTSMOUTH, VA 23701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL HURT DIRECTOR PO BOX 249 WARSAW, VA 22572	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL STATHERS DIRECTOR 6515 GEORGE WASHINGTON MEMORIAL HWY SUITE 201 YORKTOWN, VA 23692	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLIE MACK DIRECTOR 1904 BYRD AVENUE SUITE 200 RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN ARCHER DIRECTOR 7300 HULL STREET ROAD RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEGGY BEASLEY DIRECTOR 1413 TAPPAHANNOCK BLVD SUITE D TAPPAHANNOCK, VA 22560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TIM PETRY OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 816 EAST THIRD STREET
CITY/ST/ZIP/CO: FARMVILLE, VA 23901

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.

<u>/s/ OLIVIA CRAWLEY JONES</u>	<u>OLIVIA CRAWLEY JONES,</u>	<u>10/26/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.