

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212509605

1.) CORPORATION NAME:

NORTHERN VIRGINIA JEEPERS ASSOCIATION

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

PAUL A SCOTT

7880 BACKLICK RD UNIT 2

SPRINGFIELD, VA 22150

SCC ID NO: **05915731**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7880 BACKLICK RD
#2

CITY/ST/ZIP: SPRINGFIELD, VA 22150-

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: DANILLE WILSON
TITLE: TREASURER
ADDRESS: 1455 LAKEVIEW DR
CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-

OFFICER

DIRECTOR

NAME: JEFF COLE
TITLE: DIRECTOR
ADDRESS: 11324 BURLINGTON DR
CITY/ST/ZIP/CO: AMISSVILLE, VA 20106-

OFFICER

DIRECTOR

NAME: ANDREW S HARVIN
TITLE: DIRECTOR
ADDRESS: 2514 HARTLEY ST
CITY/ST/ZIP/CO: VA BCH, VA 23456-

OFFICER

DIRECTOR

NAME: JEFF WILSON
TITLE: DIRECTOR
ADDRESS: 1455 LAKEVIEW DR
CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630-

OFFICER

DIRECTOR

NAME: DAVE PLUMMER
TITLE: DIRECTOR
ADDRESS: 429 MADDEN STREET
CITY/ST/ZIP/CO: BERRYVILLE, VA 22611-

OFFICER

DIRECTOR

NAME: AARON THOMSON TITLE: DIRECTOR ADDRESS: 11708 FAIRFAX WOODS WAY APT. 21003 CITY/ST/ZIP/CO: FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SEAN MCCREADY TITLE: DIRECTOR ADDRESS: 5391 POTOMAC DR CITY/ST/ZIP/CO: KING GEORGE, VA 22485-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CARL HUNT TITLE: DIRECTOR ADDRESS: 13703 JOYCE ROAD CITY/ST/ZIP/CO: WOODBRIDGE, VA 22190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PRESTON CRUM TITLE: SECRETARY ADDRESS: 9600 GABRIEL PLACE CITY/ST/ZIP/CO: NOKESVILLE, VA 20181-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN YOUNG TITLE: PRESIDENT ADDRESS: 1340 JULIA AVENUE CITY/ST/ZIP/CO: MCKEAN, VA 22101-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CHRIS KANN TITLE: VICE PRESIDENT ADDRESS: 601 BANBURY TERRACE CITY/ST/ZIP/CO: WINCHESTER, VA 22601-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KRISTIAN CLARK TITLE: Member At Large ADDRESS: 4202 STACKLER DRIVE CITY/ST/ZIP/CO: FAIRFAX, VA 22030-	<input checked="" type="checkbox"/> OFFICER <input 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/ DANILLE WILSON	DANILLE WILSON, TREASURER
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.	