

1.) CORPORATION NAME:

**Y.W.O.W., YOUNG WIDOWS OR WIDOWERS**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
TAMMY J WORDEN  
4437 REVERE DRIVE  
PO BOX 6525**

SCC ID NO: **06111736**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**VIRGINIA BEACH, VA 23456**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 6525

CITY/ST/ZIP: VIRGINIA BEACH, VA 23456-

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:	JIM GOLDHAMMER		
TITLE:	TREASURER		
ADDRESS:	3013 SOUTHWOLD CT		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BENI FRIES		
TITLE:	SECRETARY		
ADDRESS:	4605 WATSON WAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23321-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CAROLINE EDGERTON		
TITLE:	VICE PRESIDENT		
ADDRESS:	111 WENTWORTH		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TAMMY WORDEN		
TITLE:	PRESIDENT		
ADDRESS:	4437 REVERE DRIVE		
CITY/ST/ZIP/CO:	VA BEACH, VA 23456-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LEE MINDER		
TITLE:	DIRECTOR		
ADDRESS:	1324 OAK RIDGE DR		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322-		

NAME: ELIZABETH HOGUE TITLE: DIRECTOR ADDRESS: 1817 CROYDEN RD CITY/ST/ZIP/CO: NORFOLK, VA 23503-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KEVIN JOHNSON TITLE: DIRECTOR ADDRESS: 5220 FAIRFIELD BLVD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LINDA MOORE TITLE: DIRECTOR ADDRESS: 929 THATCHER WAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RICK PITTENGER TITLE: DIRECTOR ADDRESS: 706 HILLPOINT CT CITY/ST/ZIP/CO: CHESAPEAKE, VA 23322-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ TAMMY WORDEN	TAMMY WORDEN, PRESIDENT	1/26/2012
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.