

1.) CORPORATION NAME:

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

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BARBARA GAYLE DILLON
804 SAINT KITTS WAY
CHESAPEAKE, VA**

SCC ID NO: **06111736**

5.) STOCK INFORMATION

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

CHESAPEAKE 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.

NAME:	Barbara Dillon	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	804 Saint Kitts Way		
CITY/ST/ZIP/CO:	Chesapeake, VA 23322		
NAME:	Greg LeMoine	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	400 Thalia Road		
CITY/ST/ZIP/CO:	Virginia Beach, VA 23452		
NAME:	LEE MINDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1324 OAK RIDGE DR		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322		
NAME:	JIM GOLDHAMMER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3013 SOUTHWOLD CT		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		
NAME:	Tammy Smith	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5407 Cranemore Road		
CITY/ST/ZIP/CO:	Henrico, VA 23238		
NAME:	ELIZABETH HOGUE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1817 CROYDEN RD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23503		

NAME:	RICK PITTENGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	706 HILLPOINT CT		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322		

NAME:	Susan Johnson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	438 Virginia Avenue		
CITY/ST/ZIP/CO:	Norfolk, VA 23508		

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/ Barbara Dillon	Barbara Dillon, PRESIDENT	4/1/2014
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.