

1.) CORPORATION NAME:

Southern Virginia Mountain Bike Association

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARY-WHITT F JONES
2323 RIVERSIDE DRIVE
DANVILLE, VA**

SCC ID NO: **06140537**

5.) STOCK INFORMATION

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

DANVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2323 RIVERSIDE DR

CITY/ST/ZIP: DANVILLE, VA 24540

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: JOHNNY DOAK TITLE: PRESIDENT ADDRESS: 4051 KESWICK DR CITY/ST/ZIP/CO: DANVILLE, VA 24540	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: R J WEAVER TITLE: TREASURER ADDRESS: 25 SYCAMORE CIR CITY/ST/ZIP/CO: DANVILLE, VA 24540	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARY-WHITT JONES TITLE: SECRETARY ADDRESS: 440 AVONDALE DR CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TERRY BLAKELY TITLE: DIRECTOR ADDRESS: PO BOX 4256 CITY/ST/ZIP/CO: DANVILLE, VA 24540	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER J BLEVINS TITLE: DIRECTOR ADDRESS: 1188 COUNTRYSIDE DRIVE CITY/ST/ZIP/CO: RINGGOLD, VA 24586	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DWAYNE DURHAM TITLE: DIRECTOR ADDRESS: 202 MARSHALL TERR CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ROBERT FULLER TITLE: DIRECTOR ADDRESS: 572 ROBERTSON LANE CITY/ST/ZIP/CO: DANVILLE, VA 24540	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD JONES TITLE: DIRECTOR ADDRESS: 920 ROCKY KNOLL LANE CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBBIE MORRIS TITLE: DIRECTOR ADDRESS: P.O. BOX 34 CITY/ST/ZIP/CO: BLAIRS, VA 24527	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WESLEY SPIVEY TITLE: DIRECTOR ADDRESS: 17 SELMA AVE CITY/ST/ZIP/CO: DANVILLE, VA 24541	<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/ JOHNNY DOAK	JOHNNY DOAK, PRESIDENT	2/3/2015
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.		