

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212527582

1.) CORPORATION NAME:

Lifelong Learning Institute in Chesterfield Co.,VA, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MONICA RUIZ-HUGHES
5501 SILVER BIRCH LANE
MIDLOTHIAN, VA 23112**

SCC ID NO: **06237812**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1090
13801 WESTFIELD RD

CITY/ST/ZIP: MIDLOTHIAN, VA 23113

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: ANNEBEL LEWIS OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 11817 HEATHMERE CRESCENT
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113

NAME: GARY ELLENBERGER OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 5650 TETERLING COURT
CITY/ST/ZIP/CO: CHESTER, VA 23831

NAME: RICHARD ENGLISH OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 13701 WINTERBERRY TERRACE
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112

NAME: ED ANSELLO OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: VA CENTER ON AGING
P O BOX 980229
CITY/ST/ZIP/CO: RICHMOND, VA 23298

NAME: ROBIN BYRD OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: CHESTERFIELD COUNTY SCHOOLS
PO BOX 10
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832

NAME: ADRIENNE BYRNE OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1401 JOHNSTON WILLIS DR.
CITY/ST/ZIP/CO: RICHMOND, VA 23235

NAME: DENIS GREANEY TITLE: DIRECTOR ADDRESS: 541 LATANE DR. CITY/ST/ZIP/CO: RICHMOND, VA 23236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MONICA HUGHES TITLE: DIRECTOR ADDRESS: PO BOX 1090 CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEBBIE LEIDHEISER TITLE: DIRECTOR ADDRESS: 7000 LUCY CORR BLVD. CITY/ST/ZIP/CO: CHESTERFIELD, VA 23832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNN SEWELL TITLE: SECRETARY ADDRESS: 10021 TAYLOR RD. CITY/ST/ZIP/CO: CHESTERFIELD, VA 23238	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DR. CHRISTINE DIGGS TITLE: DIRECTOR ADDRESS: John Tyler Community College 13101 Jefferson Davis Highway CITY/ST/ZIP/CO: Chester, VA 23831	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER MCCARTHY TITLE: DIRECTOR ADDRESS: White & McCarthy, LLP 15871 City View Dr, Ste 220 CITY/ST/ZIP/CO: Midlothian, VA 23113	<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/ ANNEBEL LEWIS	ANNEBEL LEWIS, PRESIDENT	7/23/2012
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.		