

1.) CORPORATION NAME:

FRIENDS OF STAFFORD CREEKS

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PATRICIA G KURPIEL
38 DOBE POINT RD
STAFFORD, VA**

SCC ID NO: **06302020**

5.) STOCK INFORMATION

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

STAFFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 38 DOBE POINT RD

CITY/ST/ZIP: STAFFORD, VA 22554

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:	PATRICIA G KURPIEL	
TITLE:	PRESIDENT	
ADDRESS:	38 DOBE POINT	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NAN H ROLLISON	
TITLE:	VICE PRESIDENT	
ADDRESS:	22 SHORE DRIVE	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	REBECCA L REED	
TITLE:	TREASURER	
ADDRESS:	223 BUTLER ROAD	
CITY/ST/ZIP/CO:	FREDERICKABURG, VA 22405	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ARTHUR T HART	
TITLE:	SECRETARY	
ADDRESS:	33 RUFFIAN DRIVE	
CITY/ST/ZIP/CO:	STAFFORD, VA 22554	

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/ PATRICIA G KURPIEL	PATRICIA G KURPIEL,	2/22/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.