

1.) CORPORATION NAME:

Halifax County Public Schools Education Foundation, Inc.

DUE DATE: **2/28/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
ALAN T GRAVITT
75 MAPLE AVE
PO BOX 999**

SCC ID NO: **06307904**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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HALIFAX, VA 24558-999

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HALIFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1114

CITY/ST/ZIP: HALIFAX, VA 24558-

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:	TITLE:	ADDRESS:	CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
LOGAN YOUNG	PRESIDENT	1307 EDGEWOOD CIRCLE	HALIFAX, VA 24558-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MARGARET W BOST	TREASURER	PO BOX 761	SOUTH BOSTON, VA 24592-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HONEY DAVIS	SECRETARY	3510 OLD HALIFAX ROAD	SOUTH BOSTON, VA 24592-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STEVE ANDERSON	DIRECTOR	3230 ABBOTT HILL RD	HALIFAX, VA 24558-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WILLIAM W BENNETT JR	DIRECTOR	5135 HALIFAX RD	HALIFAX, VA 24558-	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY E BRUINING DIRECTOR 3207 PHIULPOTT ROAD SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN CANNON DIRECTOR 1133 SHADY LANE SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BUSTER D'AMATO DIRECTOR 1018 DAVE FORD TRAIL HALIFAX, VA 24558-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E EDMUNDS, II DIRECTOR 10025 RIVER RAOD HALIFAX, VA 24558-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALEIGH FELTON DIRECTOR PO BOX 1338 SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBBIE FERGUSON DIRECTOR 1086 LAKESHORE DRIVE HALIFAX, VA 24558-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN GRAVITT DIRECTOR PO BOX 999 HALIFAX, VA 24558-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELLY HILL DIRECTOR 2181 RIVER ROAD SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN GRAY HOGAN DIRECTOR 1617 IRISH STREET SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STANLEY JEFFRESS DIRECTOR 2000 NORTH MAIN ST SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JUDY KRAFT TITLE: DIRECTOR ADDRESS: 7208 NEWBILL SCHOOL ROAD CITY/ST/ZIP/CO: CLOVER, VA 24534-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: FRANK LEE TITLE: DIRECTOR ADDRESS: 102 ROBINSON COURT CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WALTER C POTTS, JR TITLE: DIRECTOR ADDRESS: 201 WILDFLOWER DR. CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: VIRGINIA ROBERTS TITLE: DIRECTOR ADDRESS: 2525 HALIFAX RD CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: COLEMAN SPEECE TITLE: VICE PRESIDENT ADDRESS: 2506 FERNWICK DRIVE CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592-	<input checked="" 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/ ALAN GRAVITT _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALAN GRAVITT, DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE	12/16/2010 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.		