

1.) CORPORATION NAME:

Halifax County Public Schools Education Foundation, Inc.

DUE DATE: **2/29/2012**

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
-------	------------

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:	MARGARET W BOST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 761		
CITY/ST/ZIP/CO:	SOUTH BOSTON, VA 24592-		
NAME:	WILLIAM W BENNETT JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5135 HALIFAX RD		
CITY/ST/ZIP/CO:	HALIFAX, VA 24558-		
NAME:	HENRY E BRUINING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3207 PHIULPOTT ROAD		
CITY/ST/ZIP/CO:	SOUTH BOSTON, VA 24592-		
NAME:	JOHN CANNON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 SHADY LANE		
CITY/ST/ZIP/CO:	SOUTH BOSTON, VA 24592-		
NAME:	BUSTER D'AMATO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1018 DAVE FORD TRAIL		
CITY/ST/ZIP/CO:	HALIFAX, VA 24558-		

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:	JUDY KRAFT DIRECTOR 7208 NEWBILL SCHOOL ROAD CLOVER, VA 24534-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK LEE DIRECTOR 102 ROBINSON COURT SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOGAN YOUNG DIRECTOR 1307 EDGEWOOD CIRCLE HALIFAX, VA 24558-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART M COMER DIRECTOR 6154 VIRGILINA ROAD VIRGILINA, VA 24598-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER J DAVIS DIRECTOR 5000 QUAIL ROOST ROAD SOUTH BOSTON, VA 24592-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONNIE MOORE DIRECTOR 1040 BROOK RUN HALIFAX, VA 24558-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STANLEY JEFFRESS SECRETARY 2000 NORTH MAIN ST SOUTH BOSTON, VA 24592-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	---	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLEMAN SPEECE PRESIDENT 2506 FERNWICK DRIVE SOUTH BOSTON, VA 24592-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	---	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE ANDERSON VICE PRESIDENT 3230 ABBOTT HILL RD HALIFAX, VA 24558-	<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.

<u>/s/ ALAN GRAVITT</u>	<u>ALAN GRAVITT, DIRECTOR</u>	<u>1/23/2012</u>
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.