

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214506336

1.) CORPORATION NAME:

Halifax County Public Schools Education Foundation, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **06307904**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

HALIFAX, VA

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.

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

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVE ANDERSON		
TITLE:	VICE PRESIDENT		
ADDRESS:	3230 ABBOTT HILL RD		
CITY/ST/ZIP/CO:	HALIFAX, VA 24558		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARGARET W BOST		
TITLE:	TREASURER		
ADDRESS:	PO BOX 761		
CITY/ST/ZIP/CO:	SOUTH BOSTON, VA 24592		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LARRY CLARK		
TITLE:	SECRETARY		
ADDRESS:	PO BOX 3		
CITY/ST/ZIP/CO:	HALIFAX, VA 24558		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM W BENNETT JR		
TITLE:	DIRECTOR		
ADDRESS:	5135 HALIFAX RD		
CITY/ST/ZIP/CO:	HALIFAX, VA 24558		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HENRY E BRUINING		
TITLE:	DIRECTOR		
ADDRESS:	3207 PHIULPOTT ROAD		
CITY/ST/ZIP/CO:	SOUTH BOSTON, VA 24592		

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:	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:	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:	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:	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:	LOGAN YOUNG DIRECTOR 1307 EDGEWOOD CIRCLE HALIFAX, VA 24558	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ANGELA M COLLINS TITLE: DIRECTOR ADDRESS: 11221 Chatham Road CITY/ST/ZIP/CO: Vernon Hill, VA 24597	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KIM FARSON TITLE: DIRECTOR ADDRESS: 1130 Waltman Trail CITY/ST/ZIP/CO: Vernon Hill, VA 24597	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KIMBERLY PRIEST TITLE: DIRECTOR ADDRESS: 1145 Scottsburg Road CITY/ST/ZIP/CO: Scottsburg, VA 24589	<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/ ALAN GRAVITT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALAN GRAVITT, DIRECTOR PRINTED NAME AND CORPORATE TITLE	1/30/2014 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.		