

1.) CORPORATION NAME:

**MIDDLE PENINSULA PRESERVATION FOUNDATION**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
JOHN G GILLIS  
6512 MAIN ST  
PO BOX 629**

**GLOUCESTER, VA 23061**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**GLOUCESTER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **3/31/2011**

SCC ID NO: **06344436**

5.) STOCK INFORMATION

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

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 629

CITY/ST/ZIP: GLOUCESTER, VA 23061-

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:	JOHN G. GILLIS	
TITLE:	CHAIRMAN	
ADDRESS:	6512 MAIN STREET P.O. BOX 629	
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID B. TATE, JR.	
TITLE:	VICE CHAIRMAN	
ADDRESS:	218 FISHNECK LANDING ROAD	
CITY/ST/ZIP/CO:	YORKTOWN, VA 23692-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TARA L. THOMAS	
TITLE:	TREASURER	
ADDRESS:	9309 GLASS ROAD	
CITY/ST/ZIP/CO:	HAYES, VA 23072-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARSHA TALIAFERRO-GILLIS	
TITLE:	SECRETARY	
ADDRESS:	P.O. BOX 629	
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE D. BAINS	
TITLE:	DIRECTOR	
ADDRESS:	7151 WARE HOUSE ROAD	
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD D. HAGGERTY DIRECTOR 6609 MAIN STREET GLOUCESTER, VA 23061-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEGAN MOORE DIRECTOR P.O. BOX 32 WARE NECK, VA 23178-	<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/ JOHN G. GILLIS	JOHN G. GILLIS, CHAIRMAN	7/20/2011
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.