

1.) CORPORATION NAME:

**Chincoteague Cultural Alliance, Incorporated**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JANE RICHSTEIN  
4065 MAIN STREET  
CHINCOTEAGUE, VA**

SCC ID NO: **06367585**

5.) STOCK INFORMATION

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

**ACCOMACK COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4065 Main Street

CITY/ST/ZIP: CHINCOTEAGUE, VA 23336

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:	JOHN BEAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4362 MAIN ST		
CITY/ST/ZIP/CO:	CHINCOTEAGUE, VA 23336		
NAME:	NANCY RICHARDS WEST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6196 MADDOX BLVD		
CITY/ST/ZIP/CO:	CHINCOTEAGUE, VA 23336		
NAME:	JANE RICHSTEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4073 MAIN ST		
CITY/ST/ZIP/CO:	CHINCOTEAGUE, VA 23336		
NAME:	MADELEINE ADAMSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4362 MAIN ST		
CITY/ST/ZIP/CO:	CHINCOTEAGUE, VA 23336		
NAME:	Karen Johnson Lukacs	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6029 Tarr Street		
CITY/ST/ZIP/CO:	Chincoteague, VA 23336		
NAME:	Billie Dayton	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7353 Mussel Lane		
CITY/ST/ZIP/CO:	Chincoteague, VA 23336		

NAME: Bill Troxler TITLE: DIRECTOR ADDRESS: 49986 Wildcat Lane CITY/ST/ZIP/CO: Chincoteague, VA 23336	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Margot Hunt TITLE: DIRECTOR ADDRESS: PO Box 269 CITY/ST/ZIP/CO: Chincoteague, VA 23336	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Patricia Farley TITLE: DIRECTOR ADDRESS: 3243 Lisas Lane CITY/ST/ZIP/CO: Chincoteague, VA 23336	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Carla Landolt TITLE: DIRECTOR ADDRESS: 4107 Main Street CITY/ST/ZIP/CO: Chincoteague, VA 23336	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
<b>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.</b>		
/s/ MADELEINE ADAMSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MADELEINE ADAMSON, TREASURER PRINTED NAME AND CORPORATE TITLE	5/25/2013 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.		