

1.) CORPORATION NAME:

Chincoteague Cultural Alliance, Incorporated

DUE DATE: **4/30/2014**

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: P.O. Box 257

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 TITLE: PRESIDENT ADDRESS: P. O. Box 257 CITY/ST/ZIP/CO: CHINCOTEAGUE, VA 23336	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Billie Dayton TITLE: VICE PRESIDENT ADDRESS: 7553 Mussell Lane CITY/ST/ZIP/CO: CHINCOTEAGUE, VA 23336	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jane Richstein TITLE: TREASURER ADDRESS: 6405 Church St. CITY/ST/ZIP/CO: CHINCOTEAGUE, VA 23336	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN JOHNSON LUKACS TITLE: SECRETARY ADDRESS: 6029 TARR STREET CITY/ST/ZIP/CO: CHINCOTEAGUE, VA 23336	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jim DAYTON TITLE: DIRECTOR ADDRESS: 7353 MUSSEL LANE 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
NAME: NANCY RICHARDS WEST TITLE: DIRECTOR ADDRESS: 6196 MADDOX BLVD CITY/ST/ZIP/CO: CHINCOTEAGUE, VA 23336	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: Greg Shupe TITLE: DIRECTOR ADDRESS: P.O. Box 257 CITY/ST/ZIP/CO: Chincoteague , VA 23336	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lexi Hubb TITLE: DIRECTOR ADDRESS: P.O. Box 257 CITY/ST/ZIP/CO: Chincoteague , VA 23336	<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/ Jane Richstein SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Jane Richstein, TREASURER PRINTED NAME AND CORPORATE TITLE	6/4/2014 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.		