

1.) CORPORATION NAME:

Frontier Community Bank

DUE DATE: **5/31/2011**

SCC ID NO: **06581268**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
WAYNE L TURNER
400 LEW DEWITT BLVD
WAYNESBORO, VA 22980**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WAYNESBORO CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 LEW DEWITT BLVD

CITY/ST/ZIP: WAYNESBORO, VA 22980-

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 D JOHNSTON
TITLE: CHAIRMAN
ADDRESS: PO BOX 1141
CITY/ST/ZIP/CO: WAYNESBORO, VA 22980-

OFFICER

DIRECTOR

NAME: J WALLER CALLISON JR
TITLE: DIRECTOR
ADDRESS: 109 MCCLURES MILL RD
CITY/ST/ZIP/CO: GREENVILLE, VA 24440-

OFFICER

DIRECTOR

NAME: PAUL J HODGEN
TITLE: DIRECTOR
ADDRESS: 420 PELHAM COVE
CITY/ST/ZIP/CO: WAYNESBORO, VA 22980-

OFFICER

DIRECTOR

NAME: ALAN J SWEET
TITLE: PRESIDENT
ADDRESS: 39 SANDY CT
CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477-

OFFICER

DIRECTOR

NAME: FREDERICK GALWAY
TITLE: SECRETARY
ADDRESS: 40 FIELDHAVEN PL
CITY/ST/ZIP/CO: STAUNTON, VA 24401-

OFFICER

DIRECTOR

NAME: ROLLER EAVERS, JR TITLE: DIRECTOR ADDRESS: PO BOX 27 CITY/ST/ZIP/CO: STAURTS DRAFT, VA 24477-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH ELMORE TITLE: DIRECTOR ADDRESS: 189 MISH BARN ROAD CITY/ST/ZIP/CO: MIDDLEBROOK, VA 24459-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT ERRETT TITLE: DIRECTOR ADDRESS: 388 ROCKFISH ROAD CITY/ST/ZIP/CO: WAYNESBORO, VA 22980-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JULIAN MOFFETT TITLE: DIRECTOR ADDRESS: 171 ANNADALE FARM LANE CITY/ST/ZIP/CO: STAUNTON, VA 24401-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GIANFRANCO AVOLI TITLE: DIRECTOR ADDRESS: 114 BOWIE STREET CITY/ST/ZIP/CO: STAUNTON, VA 24401-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: M. TERRY WESTHAFER TITLE: DIRECTOR ADDRESS: PO BOX 901 CITY/ST/ZIP/CO: VERONA, VA 24482-	<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/ FREDERICK GALWAY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FREDERICK GALWAY, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
3/21/2011 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.	