

1.) CORPORATION NAME:

Frontier Community Bank

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALAN J SWEET
400 LEW DEWITT BLVD
WAYNESBORO, VA**

SCC ID NO: **06581268**

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.

<p>NAME: ALAN J SWEET TITLE: PRESIDENT ADDRESS: 39 SANDY CT CITY/ST/ZIP/CO: STUARTS DRAFT, VA 24477</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: FREDERICK GALWAY TITLE: SECRETARY ADDRESS: 40 FIELDHAVEN PL CITY/ST/ZIP/CO: STAUNTON, VA 24401</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GIANFRANCO AVOLI TITLE: DIRECTOR ADDRESS: 114 BOWIE STREET CITY/ST/ZIP/CO: STAUNTON, VA 24401</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROLLER EAVERS, JR TITLE: DIRECTOR ADDRESS: PO BOX 27 CITY/ST/ZIP/CO: STAURTS DRAFT, VA 24477</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT ERRETT TITLE: DIRECTOR ADDRESS: 388 ROCKFISH ROAD CITY/ST/ZIP/CO: WAYNESBORO, VA 22980</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAUL J HODGEN TITLE: DIRECTOR ADDRESS: 420 PELHAM COVE CITY/ST/ZIP/CO: WAYNESBORO, VA 22980</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIAN MOFFETT DIRECTOR 171 ANNADALE FARM LANE STAUNTON, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A MORRIS DIRECTOR 520 WOODLANDS RD CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. TERRY WESTHAFFER DIRECTOR PO BOX 901 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	3/20/2014 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.			