

1.) CORPORATION NAME:

Montgomery County Friends of Animal Care and Control, Inc.

DUE DATE: **5/31/2012**

SCC ID NO: **06584635**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JASON SHELTON
1304 VALLEY VIEW DR
BLACKSBURG, VA 24060**

5.) STOCK INFORMATION

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

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 125 NORTH MAIN ST
STE 500 #129

CITY/ST/ZIP: BLACKSBURG, VA 24060

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:	JASON SHELTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1304 VALLEY VIEW DRIVE		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		
NAME:	MICHAEL COALSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	509 HILL ST		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073		
NAME:	CINDY MIZE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4466 FAIRVIEW DRIVE		
CITY/ST/ZIP/CO:	RINER, VA 24149		
NAME:	KIM SHELTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1304 VALLEY VIEW DRIVE		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		
NAME:	SHANNON PORTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	740 COLHOUN ST		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073		
NAME:	Carol Trutt	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	95 N Surry Circle		
CITY/ST/ZIP/CO:	Christiansburg, VA 24073		

NAME: Vicki Miller TITLE: DIRECTOR ADDRESS: 4334 McCoy Road CITY/ST/ZIP/CO: Blacksburg, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marilyn Wheaton TITLE: DIRECTOR ADDRESS: 1307 Ascot Lane CITY/ST/ZIP/CO: Blacksburg, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Stacey Kingsbury TITLE: DIRECTOR ADDRESS: 3294 Bethlehem Church Rd NE CITY/ST/ZIP/CO: Floyd, VA 24091	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Holly Turner TITLE: DIRECTOR ADDRESS: 2482 Catawba Rd CITY/ST/ZIP/CO: Blacksburg, VA 24060	<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/ JASON SHELTON	JASON SHELTON, PRESIDENT	9/9/2012
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.		