

1.) CORPORATION NAME:

**Montgomery County Friends of Animal Care and Control, Inc.**

DUE DATE: **5/31/2013**

SCC ID NO: **06584635**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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 checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4466 FAIRVIEW DRIVE		
CITY/ST/ZIP/CO:	RINER, VA 24149		
NAME:	KIM 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:	STACEY KINGSBURY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3294 BETHLEHEM CHURCH RD NE		
CITY/ST/ZIP/CO:	FLOYD, VA 24091		
NAME:	VICKI MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4334 MCCOY ROAD		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		

NAME: SHANNON PORTER TITLE: DIRECTOR ADDRESS: 740 COLHOUN ST CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL TRUTT TITLE: DIRECTOR ADDRESS: 95 N SURRY CIRCLE CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073	<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
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: AMANDA SOLOWAY TITLE: DIRECTOR ADDRESS: 205 Craig St CITY/ST/ZIP/CO: Christiansburg, VA 24073	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JASON SHELTON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/12/2013 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.		