

1.) CORPORATION NAME:

Montgomery County Friends of Animal Care and Control, Inc.

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

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: CINDY MIZE TITLE: TREASURER ADDRESS: 4466 FAIRVIEW DRIVE CITY/ST/ZIP/CO: RINER, VA 24149	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JASON SHELTON TITLE: PRESIDENT ADDRESS: 1304 VALLEY VIEW DRIVE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KIM SHELTON TITLE: SECRETARY ADDRESS: 1304 VALLEY VIEW DRIVE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL COALSON TITLE: VICE PRESIDENT ADDRESS: 509 HILL ST CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073	<input checked="" 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: 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: 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: AMANDA SOLOWAY TITLE: DIRECTOR ADDRESS: 205 CRAIG ST CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073	<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
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		4/14/2014	
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.				