

1.) CORPORATION NAME:

Alpha Kappa Alpha Foundation - Hampton Roads

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

ADRIANE B JAMES

2643 GRANDY AVE

NORFOLK, VA 23509

SCC ID NO: **06599260**

5.) STOCK INFORMATION

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

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2643 GRANDY AVE

CITY/ST/ZIP: NORFOLK, VA 23509-

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: REGINA WILLIAMS
TITLE: PRESIDENT
ADDRESS: 1528 BORDEAUX PL
CITY/ST/ZIP/CO: NORFOLK, VA 23509-

OFFICER

DIRECTOR

NAME: ROBIN BOYD
TITLE: DIRECTOR
ADDRESS: 1439 ORCHAD GRAVE DR
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-

OFFICER

DIRECTOR

NAME: DELORES WILSON
TITLE: DIRECTOR
ADDRESS: 5228 W RANDOLPH CT
CITY/ST/ZIP/CO: VA BEACH, VA 23464-

OFFICER

DIRECTOR

NAME: JANET WILLIAMS
TITLE: VICE PRESIDENT
ADDRESS: 1908 FOX'S LAIR TRAIL
CITY/ST/ZIP/CO: NORFOLK, VA 23518-

OFFICER

DIRECTOR

NAME: ADRIANE B JAMES
TITLE: TREASURER
ADDRESS: 2643 GRANDY AVE
CITY/ST/ZIP/CO: NORFOLK, VA 23509-

OFFICER

DIRECTOR

NAME: VALERIE BEARD TITLE: SECRETARY ADDRESS: 2904 ELMORE ST. CITY/ST/ZIP/CO: VA BEACH, VA 23456-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JENELL SMITH TITLE: FIN SECRETARY ADDRESS: 124 RUNAWAY BAY, APT #201 CITY/ST/ZIP/CO: VA BEACH, VA 23452-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TAMIKA JEFFERSON TITLE: DIRECTOR ADDRESS: 799 EAST RAPIDAN COURT CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALLISON PARKER TITLE: DIRECTOR ADDRESS: 2040 SUNSET MAPLE DR CITY/ST/ZIP/CO: CHESAPEAKE, VA 23323-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALICE JONES TITLE: DIRECTOR ADDRESS: 1709 CASEY MEADOWS TERRACE CITY/ST/ZIP/CO: SANDSTON, VA 23150-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: APRYL JARRETT TITLE: DIRECTOR ADDRESS: 4529 BRINKER DRIVE CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-	<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/ ADRIANE B JAMES _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ADRIANE B JAMES, TREASURER _____ PRINTED NAME AND CORPORATE TITLE
8/3/2011 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.	