

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213526992

1.) CORPORATION NAME:

The United Way of Prince Edward County, Incorporated

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JODY HOLYST FARRIS
800 BUFFALO ST
PO BOX 348**

SCC ID NO: **06600530**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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FARMVILLE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE EDWARD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 122

CITY/ST/ZIP: FARMVILLE, VA 23901

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:	LISA BIGGERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1517 W THIRD STREET		
CITY/ST/ZIP/CO:	FARMVILLE, VA 23901		

NAME:	RUTH MURPHY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	605 FUQUA SCHOOL RD		
CITY/ST/ZIP/CO:	FARMVILLE, VA 23901		

NAME:	LISA SEAMSTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1577 SOUTH MAIN ST		
CITY/ST/ZIP/CO:	FARMVILLE, VA 23901		

NAME:	L RUCKER SNEAD III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 133		
CITY/ST/ZIP/CO:	HAMPDEN-SYDNEY, VA 23901		

NAME:	RHONDA ARNOLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1712 S MAIN ST		
CITY/ST/ZIP/CO:	FARMVILLE, VA 23901		

NAME:	BRUCE DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	840 BUFFALO ST		
CITY/ST/ZIP/CO:	FARMVILLE, VA 23901		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LONNIE CALHOUN DIRECTOR 386 TIMBERCREEK DR FARMVILLE, VA 23901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ASHLEY MEADOWS SECRETARY 4038 CEDAR CREEK RD BLACKSTONE, VA 23824	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KERRY MOSSLER DIRECTOR 113 APPOMATTOX ST FARMVILLE, VA 23901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONNELLE DAVIS DIRECTOR 420 GRIFFIN BLVD FARMVILLE, VA 23901	<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/ LISA BIGGERS	LISA BIGGERS, TREASURER	6/10/2013	
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.			