

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

Foothills Child Advocacy Center

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06604557**

**JOHN R WALENTEN
408 E MARKET STREET STE 203A
CHARLOTTESVILLE, VA**

5.) STOCK INFORMATION

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

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1106 EAST HIGH ST
STE 100

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902

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:	BETTIE S KiEnast	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2840 ZION ROAD		
CITY/ST/ZIP/CO:	TROY, VA 22974		
NAME:	Kimberly Leclere	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1207 Lili Ln		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	Rob Trundle	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	3062 Beaumont Farm Rd		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	KIMBERLEY L VIERBUCHEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	At Large		
ADDRESS:	1955 STILLHOUSE ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	JUDY B RANDLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1416 RUTLEDGE AVENUE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		
NAME:	Adam K. Backels	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	917 Monticello Ave		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		

NAME: Vicki L. Hawes TITLE: DIRECTOR ADDRESS: 909 Rosser Ln CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Joel C. Hoppe TITLE: DIRECTOR ADDRESS: 1316 Oxford Place CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mark D. Ratzlaff TITLE: DIRECTOR ADDRESS: 1634 Stonecrop Court CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mary Ashton Sullivan TITLE: DIRECTOR ADDRESS: 2406 Kerry Ln CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Amy Wrentmore TITLE: DIRECTOR ADDRESS: 235 Turkey Ridge Ln CITY/ST/ZIP/CO: Charlottesville, VA 22903	<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/ BETTIE S KiEnast SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BETTIE S KiEnast, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	5/12/2014 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.		