

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215520235

1.) CORPORATION NAME:

The Cumberland County Museum

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CLIFTON C WHITE
1 ANDERSON HWY
POWHATAN, VA**

SCC ID NO: **06604888**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CUMBERLAND COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 110
C/O DEPT OF COMMUNITY DEVELOPMENT

CITY/ST/ZIP: CUMBERLAND, VA 23040

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: BARBARA ANNE GAMAGE OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: P.O. BOX 72
CITY/ST/ZIP/CO: 1530 ANDERSON HIGHWAY
CUMBERLAND, VA 23040

NAME: ELIZABETH JAMERSON OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 396 PLEASANT VALLEY RD
CITY/ST/ZIP/CO: FARMVILLE, VA 23901

NAME: JOANN PETTY OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1963 ANDERSON JWU
CITY/ST/ZIP/CO: CUMBERLAND, VA 23040

NAME: CLIFTON C WHITE OFFICER DIRECTOR
TITLE: CHAIRMAN
ADDRESS: 1 ANDERSON HWY
CITY/ST/ZIP/CO: POWHATAN, VA 23139

NAME: BOB FLIPPEN OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1469 RIVER ROAD
CITY/ST/ZIP/CO: FARMVILLE, VA 23901

NAME: FREDDIE GAMAGE OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: PO BOX 85
CITY/ST/ZIP/CO: CARTERSVILLE, VA 23027

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.

<u>/s/ BARBARA ANNE GAMAGE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>BARBARA ANNE GAMAGE, TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>5/24/2015</u> DATE
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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.