

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214530532

1.) CORPORATION NAME:

The Virginia Chapter of Concerns of PoliceSurvivors, Inc.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SUE A CHENEY
3901 TRICKLING BROOK DR
HENRICO, VA**

SCC ID NO: **06620785**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 3295

CITY/ST/ZIP: HENRICO, VA 23228

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:	JOSHUA M KLAUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	10103 STANLEY COURT		
CITY/ST/ZIP/CO:	SPOTSYLVANIA, VA 22553		

NAME:	SANDI SISCO-TODARO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13 SASSAFRAS LANE		
CITY/ST/ZIP/CO:	STAFFORD, VA 22354		

NAME:	SUE A CHENEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/TREAS		
ADDRESS:	3901 TRICKLING BROOK DR.		
CITY/ST/ZIP/CO:	HENRICO, VA 23228		

NAME:	C ROMAINE CHENEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAPTER DIRECTR		
ADDRESS:	8700 GILLIS ST		
CITY/ST/ZIP/CO:	HENRICO, VA 23228		

NAME:	ROBERT R BEACH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAPTER LIAISON		
ADDRESS:	LONGWOOD UNIVERSITY PD 201 HIGH ST.		
CITY/ST/ZIP/CO:	FARMVILLE, VA 23909		

NAME:	SHAWN M GODFREY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAPTER LIAISON		
ADDRESS:	HANOVER COUNTY SO 7522 COUNTY COMPLEX RD		
CITY/ST/ZIP/CO:	HANOVER, VA 23069		

NAME: KATHERINE E BINIEK TITLE: CHAPTER LIAISON ADDRESS: 330 STERRETT DR CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: RICHARD P CHENEY TITLE: PRESIDENT ADDRESS: 3901 TRICKLING BROOK DR CITY/ST/ZIP/CO: HENRICO, VA 23228	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ SUE A CHENEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUE A CHENEY, SECRETARY/TREAS PRINTED NAME AND CORPORATE TITLE	6/14/2014 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.