

1.) CORPORATION NAME:

The Tangier Island Health Foundation

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BHB HUBBARD III
IRVINGTON PROFESSIONAL OFFICES
293 STEAMBOAT RD / PO BOX 340**

SCC ID NO: **06667752**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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IRVINGTON, VA 22480

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LANCASTER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16186 Main Ridge Road
PO BOX 61

CITY/ST/ZIP: Tangier, VA 23440

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:	JAMES N CARTER JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/TREAS/DIR		
ADDRESS:	PO BOX 300		
CITY/ST/ZIP/CO:	IRVINGTON, VA 22480		

NAME:	INEZ PRUITT PA-C	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/DIR		
ADDRESS:	PO BOX 61		
CITY/ST/ZIP/CO:	TANGIER, VA 23440		

NAME:	DAVID A JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 1093		
CITY/ST/ZIP/CO:	WHITE STONE, VA 22578		

NAME:	BH B HUBBARD III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/DIR		
ADDRESS:	PO BOX 340		
CITY/ST/ZIP/CO:	IRVINGTON, VA 22480		

NAME:	DAVID R. NICHOLS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 46		
CITY/ST/ZIP/CO:	WHITE STONE, VA 22578		

NAME:	E CARLTON WILTON JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 29628		
CITY/ST/ZIP/CO:	RICHMOND, VA 23242		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRIS M. TREAKLE DIRECTOR 215 CHESAPEAKE DRIVE P O BOX 888 WHITE STONE, VA 22578	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E. WESTBROOK, JR DIRECTOR 20 HIGHWAY 96 EAST DELLWOOD, MN 55110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LONNIE MOORE DIRECTOR P O BOX 271 TANGIER, VA 23440	<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/ BH B HUBBARD III	BH B HUBBARD III, SEC/DIR	10/31/2012	
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.			