

1.) CORPORATION NAME:

The Advancement Foundation

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANNETTE W PATTERSON
301 S. POLLARD ST.
VINTON, VA**

SCC ID NO: **06676233**

5.) STOCK INFORMATION

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

ROANOKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 301 S. Pollard St.

CITY/ST/ZIP: VINTON, VA 24179

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: ANNETTE W PATTERSON TITLE: DIRECTOR ADDRESS: 4224 TWIN MOUNTAINS CIRCLE CITY/ST/ZIP/CO: VINTON, VA 24179	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT L KEELEY TITLE: DIRECTOR ADDRESS: 2311 BROADWAY AVE APT C CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK PATTERSON TITLE: DIRECTOR ADDRESS: 4224 TWNMTN CIR CITY/ST/ZIP/CO: VINTON, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDY WOOD TITLE: DIRECTOR ADDRESS: 1515 SOUTH NC HWY 150 CITY/ST/ZIP/CO: LEXINGTON, NC 27295	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kristen Fleming TITLE: DIRECTOR ADDRESS: 1114 E. Washington Ave. CITY/ST/ZIP/CO: Vinton, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Becky Freemal TITLE: DIRECTOR ADDRESS: 2646 Edgewood St. SW CITY/ST/ZIP/CO: Roanoke, VA 24015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Tim Greenway TITLE: DIRECTOR ADDRESS: PO Box 24 CITY/ST/ZIP/CO: Vinton, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ann Hanes TITLE: DIRECTOR ADDRESS: 2870 Bartram Road CITY/ST/ZIP/CO: Winston-Salem, NC 27106	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Elaine Milko TITLE: DIRECTOR ADDRESS: 6155 Copper Circle CITY/ST/ZIP/CO: Roanoke, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Johnny Miller TITLE: DIRECTOR ADDRESS: 5253 Dresden Lane CITY/ST/ZIP/CO: Roanoke, VA 24012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Onzlee Ware TITLE: DIRECTOR ADDRESS: 325 N. Jefferson St. CITY/ST/ZIP/CO: Roanoke, VA 24016	<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/ ANNETTE W PATTERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANNETTE W PATTERSON, DIRECTOR PRINTED NAME AND CORPORATE TITLE	9/24/2013 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.		