

1.) CORPORATION NAME:

Friends Of The Gum Spring Library Board, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT MICHAUD
26005 TALAMORE DRIVE
SOUTH RIDING, VA**

SCC ID NO: **06691679**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 26005 TALAMORE DRIVE

CITY/ST/ZIP: SOUTH RIDING, VA 20152

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:	ANGELA DREWS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	RECORDING SEC		
ADDRESS:	43058 BARONS ST.		
CITY/ST/ZIP/CO:	SOUTH RIDING, VA 20152		
NAME:	KIMBER GARLAND-HOLMES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CORR SEC/D		
ADDRESS:	43241 VALIANT DRIVE		
CITY/ST/ZIP/CO:	SOUTH RIDING, VA 20152		
NAME:	ROBERT LYND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	25021 OWL CREEK DRIVE		
CITY/ST/ZIP/CO:	STONE RIDGE, VA 20105		
NAME:	ROBERT MICHAUD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	26005 TALAMORE DRIVE		
CITY/ST/ZIP/CO:	SOUTH RIDING, VA 20152		
NAME:	TANYA BARRETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	42261 BLACK ROCK TERRACE		
CITY/ST/ZIP/CO:	STONE RIDGE, VA 20105		
NAME:	TRICIA HANEGHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25072 GAZELLE COURT		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20152		

NAME: MARGARET MICHAUD TITLE: DIRECTOR ADDRESS: 26005 TALAMORE DRIVE CITY/ST/ZIP/CO: SOUTH RIDING, VA 20152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REGINA MILIHRAM TITLE: DIRECTOR ADDRESS: 25139 FORTITUDE TERRACE CITY/ST/ZIP/CO: CHANTILLY, VA 20152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MEGHNA SHARMA TITLE: DIRECTOR ADDRESS: 22493 TERRA ROSA PLACE CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Nicole Plourde TITLE: TREASURER ADDRESS: 43442 Oxen Lane CITY/ST/ZIP/CO: South Riding, VA 20152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Janet Lynd TITLE: DIRECTOR ADDRESS: 25021 Owl Creek Drive CITY/ST/ZIP/CO: Stone Ridge, VA 20105	<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/ ROBERT MICHAUD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT MICHAUD, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	6/16/2014 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.		