

1.) CORPORATION NAME:

Beyond Boobs! Young Breast Cancer Survivors, Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RENE R BOWDITCH
112 MEADOW RUE CT
WILLIAMSBURG, VA**

SCC ID NO: **06809818**

5.) STOCK INFORMATION

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

JAMES CITY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 443

CITY/ST/ZIP: TOANO, VA 23168

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:	RENE BOWDITCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	BOARD PRES/DIR		
ADDRESS:	PO BOX 443		
CITY/ST/ZIP/CO:	TOANO, VA 23168		
NAME:	FAYE GARGIULO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/DIR		
ADDRESS:	PO BOX 443		
CITY/ST/ZIP/CO:	TOANO, VA 23168		
NAME:	TRACEY DICKSON-SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 443		
CITY/ST/ZIP/CO:	TOANO, VA 23168		
NAME:	BRIAN FREER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 443		
CITY/ST/ZIP/CO:	TOANO, VA 23168		
NAME:	JAN HALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 443		
CITY/ST/ZIP/CO:	TOANO, VA 23168		
NAME:	LINDA MCKEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER/DIR		
ADDRESS:	PO BOX 443		
CITY/ST/ZIP/CO:	TOANO, VA 23168		

NAME: BILL PRZYBYSZ TITLE: DIRECTOR ADDRESS: PO BOX 443 CITY/ST/ZIP/CO: TOANO, VA 23168	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN REINTHALER TITLE: DIRECTOR ADDRESS: PO BOX 443 CITY/ST/ZIP/CO: TOANO, VA 23168	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Chris G TITLE: DIRECTOR ADDRESS: PO Box 443 CITY/ST/ZIP/CO: Toano, VA 23168	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAKE PEREZ TITLE: DIRECTOR ADDRESS: PO BOX 443 CITY/ST/ZIP/CO: TOANO, VA 23168	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NATALIE MILLER MOORE TITLE: DIRECTOR ADDRESS: PO BOX 443 CITY/ST/ZIP/CO: TOANO, VA 23168	<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/ RENE BOWDITCH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RENE BOWDITCH, BOARD PRES/DIR PRINTED NAME AND CORPORATE TITLE	9/2/2013 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.		