

1.) CORPORATION NAME: **Garrisonville Elementary School Parent-TeacherOrganization** DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **ANGIE LYNCH** SCC ID NO: **06936934**
100 WOOD DR
STAFFORD, VA 22556

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:
 ADDRESS: 100 WOOD DRIVE
 CITY/ST/ZIP: STAFFORD, VA 22556

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: Tracy Korb	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: PRESIDENT		
ADDRESS: 100 WOOD DRIVE		
CITY/ST/ZIP/CO: STAFFORD, VA 22556		

NAME: Dawn Lacy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: VICE PRESIDENT		
ADDRESS: 100 WOOD DRIVE		
CITY/ST/ZIP/CO: STAFFORD, VA 22556		

NAME: Amy Vaughan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: TREASURER		
ADDRESS: 100 WOOD DRIVE		
CITY/ST/ZIP/CO: STAFFORD, VA 22556		

NAME: Pam Rhame	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: SECRETARY		
ADDRESS: 100 WOOD DRIVE		
CITY/ST/ZIP/CO: STAFFORD, VA 22556		

NAME: Tracy Korb	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 100 Wood Dr		
CITY/ST/ZIP/CO: Stafford, VA 22556		

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/ Tracy Korb	Tracy Korb, PRESIDENT	5/21/2012
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.