

1.) CORPORATION NAME:

James River Council for the Arts and Humanities, Inc.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID B NEUMEYER
2240 RIVERMONT AVE
LYNCHBURG, VA**

SCC ID NO: **07096035**

5.) STOCK INFORMATION

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

LYNCHBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 1059

CITY/ST/ZIP: LYNCHBURG, VA 24505

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:	ANNA BENTSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	320 WOODLAND AVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	CAROL O'BRIEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	154 SAN ANGELO DRIVE		
CITY/ST/ZIP/CO:	AMHERST, VA 24521		

NAME:	LAREN BAUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3224 LONDON STREE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	DAVID NEUMEYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3130 LONDON STREET		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	CURT BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1506 MORRISON DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME:	JUNE BRITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 COLONIAL COURT		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY CAMM DIRECTOR 101 CEDARWOOD CT FOREST, VA 24551	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRI CORNWELL VICE PRESIDENT 1061 OLD HICKORY LANE FOREST, VA 24551	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA HAYDEN DIRECTOR 1531 CLUB DRIVE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHYLLIS HOLLENBECK DIRECTOR 5225 WEDGEWOOD ROAD LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH LEE DIRECTOR 722 COMMERCE STREET LYNCHBURG, VA 24504	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARLENE MACK DIRECTOR 147 MILL RIDGE ROAD, SUITE 200 LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA NATHAN DIRECTOR 3456 IVYLINK PLACE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEN PARKS DIRECTOR P.O. BOX 3153 LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY ANN RACIN DIRECTOR 229 LANSING AVENUE LYNCHBURG, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEIRDRE SERIO PRESIDENT 621 COURT STREET LYNCHBURG, VA 24504	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOTTI STONE DIRECTOR 309 BRIDGE STREET BEDFORD, VA 24523	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	SERGEI TROUBETZKOY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	326 W. WASHINGTON STREET		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523		

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/ DEIRDRE SERIO	DEIRDRE SERIO, PRESIDENT	6/28/2013
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.