

1.) CORPORATION NAME:

James River Council for the Arts and Humanities, Inc.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID B NEUMEYER
513 CHURCH ST
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:	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:	TERRI CORNWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1061 OLD HICKORY LANE		
CITY/ST/ZIP/CO:	FOREST, VA 24551		
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:	TONY CAMM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 CEDARWOOD CT		
CITY/ST/ZIP/CO:	FOREST, VA 24551		
NAME:	MARIA NATHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3456 IVYLINK PLACE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24503		
NAME:	Gary Christie	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3568 Round Hill Rd		
CITY/ST/ZIP/CO:	Lynchburg , VA 24503		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bonnie Svrcek SECRETARY 900 Church St Lynchburg, VA 24504	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gene Dongweck TREASURER AREVA 3315 Old Forest Rd Lynchburg, VA 24501	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nora Moore DIRECTOR 329 Sumpter St Lynchburg, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michele Williams Williams DIRECTOR PO Box 1059 Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cynthia Ramsey DIRECTOR PO Box 1059 Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tabitha Abbott DIRECTOR PO Box 1059 Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Twery DIRECTOR PO Box 1059 Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ashley Kershner DIRECTOR PO Box 1059 Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Geoff Kershner DIRECTOR PO Box 1059 Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Howard Butler DIRECTOR PO Box 1059 Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kim Soerensen DIRECTOR PO Box 1059 Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Kathy Shaw TITLE: DIRECTOR ADDRESS: PO Box 1059 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Pat Shahrokhi TITLE: DIRECTOR ADDRESS: PO Box 1059 CITY/ST/ZIP/CO: Lynchburg, VA 24505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ DAVID NEUMEYER	DAVID NEUMEYER, PRESIDENT	6/24/2014
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.