

1.) CORPORATION NAME:

**Angel Airlines for PTSD Recovery**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**JAMES SMITH**

**4620 HAYGOOD RD STE 1**

**VIRGINIA BEACH, VA 23455**

DUE DATE: **6/30/2011**

SCC ID NO: **07110513**

5.) STOCK INFORMATION

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

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4620 HAYGOOD RD STE 1

CITY/ST/ZIP: VIRGINIA BEACH, VA 23455-

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: CHARLES SCHWENDER  
TITLE: PRESIDENT  
ADDRESS: 713 RIVER STRAND  
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-

OFFICER

DIRECTOR

NAME: C. LEE DAVIS  
TITLE: SECRETARY  
ADDRESS: 905 FULTON CT  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23454-

OFFICER

DIRECTOR

NAME: CHIP HILBORN  
TITLE: TREASURER  
ADDRESS: 4838 CANDOR DR  
CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321-

OFFICER

DIRECTOR

NAME: DR. HARRY BEAVER  
TITLE: VICE CHRMN  
ADDRESS: 6324 CULVERHOUSE CT  
CITY/ST/ZIP/CO: GAINESVILLE, VA 20155-

OFFICER

DIRECTOR

NAME: JOANIE CORKRUM  
TITLE: ASST SECRETARY  
ADDRESS: 1109 EWELL ROAD  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455-

OFFICER

DIRECTOR

NAME: LINDA H JOHNSON  OFFICER  DIRECTOR  
TITLE: ASST TREASURER  
ADDRESS: 3313 WEEPING WILLOW LN.  
CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23453-

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/ JOANIE CORKRUM \_\_\_\_\_ JOANIE CORKRUM, ASST \_\_\_\_\_ 4/21/2011 \_\_\_\_\_  
SIGNATURE OF DIRECTOR/OFFICER SECRETARY DATE  
LISTED IN THIS REPORT PRINTED NAME AND CORPORATE  
TITLE

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.