

1.) CORPORATION NAME:

Virginia Criminal Justice Foundation, Inc.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MOLLY G BROWN
231 INSTITUTE ST
STAUNTON, VA**

SCC ID NO: **07113061**

5.) STOCK INFORMATION

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

STAUNTON CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 1011

CITY/ST/ZIP: ROANOKE, VA 24005

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: DONALD CALDWELL TITLE: PRESIDENT ADDRESS: 315 CHURCH ST CITY/ST/ZIP/CO: ROANOKE, VA 24016	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOEL BRANSCOM TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 4 CITY/ST/ZIP/CO: FINCASTLE, VA 24090	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MOLLY G BROWN TITLE: TREASURER ADDRESS: 231 INSTITUTE ST CITY/ST/ZIP/CO: STAUNTON, VA 24401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETTY JO ANTHONY TITLE: SECRETARY ADDRESS: 315 CHURCH AVE, SW CITY/ST/ZIP/CO: ROANOKE, VA 24016	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HARVEY BRYANT TITLE: DIRECTOR ADDRESS: 2425 NIMMO PKWY CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23456	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LINDA CURTIS TITLE: DIRECTOR ADDRESS: 12 RIDING PATH CITY/ST/ZIP/CO: HAMPTON, VA 23669	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: LABRAVIA JENKINS TITLE: DIRECTOR ADDRESS: P.O. BOX 886 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENISE LUNSFORD TITLE: DIRECTOR ADDRESS: 410 E HIGH ST CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TAMARA NEO TITLE: DIRECTOR ADDRESS: 4035 COLLEGE AVE CITY/ST/ZIP/CO: #203 BLUEFIELD, VA 24605	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD TRODDEN TITLE: DIRECTOR ADDRESS: 815 DRUID AVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NEIL S VENER TITLE: DIRECTOR ADDRESS: PO BOX 236 CITY/ST/ZIP/CO: RUSTBURG, VA 24588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: E M WRIGHT JR TITLE: DIRECTOR ADDRESS: PO BOX 243 CITY/ST/ZIP/CO: BUCKINGHAM, VA 23921	<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/ MOLLY G BROWN	MOLLY G BROWN, TREASURER	7/18/2014
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.		