

1.) CORPORATION NAME:

Colonial Heritage Community Foundation, Inc.

DUE DATE: **8/31/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

WILLIAM L HOLT

4801 COURTHOUSE ST STE 300

WILLIAMSBURG, VA 23188

SCC ID NO: **07128978**

5.) STOCK INFORMATION

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

JAMES CITY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4205 CLIFFSIDE DR

CITY/ST/ZIP: WILLIAMSBURG, VA 23188-

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: MARY BRETT WRIGHT
TITLE: VICE PRESIDENT
ADDRESS: 4704 SANFORD ARMS
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-

OFFICER

DIRECTOR

NAME: RICHARD BOYDEN
TITLE: TREASURER
ADDRESS: 4205 CLIFFSIDE DR
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-

OFFICER

DIRECTOR

NAME: WILLIAM L HOLT
TITLE: DIRECTOR
ADDRESS: 4801 COURTHOUSE ST, STE 300
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-

OFFICER

DIRECTOR

NAME: WILLIAM MASSEY
TITLE: DIRECTOR
ADDRESS: 739 THIMBLE SHOALS BLVD
STE 1006
CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-

OFFICER

DIRECTOR

NAME: JOAN BENDER
TITLE: PRESIDENT
ADDRESS: 4205 CLIFFSIDE DR
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-

OFFICER

DIRECTOR

NAME:	CAROL BAILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4700 NEWPORT FOREST		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188-		

NAME:	PAUL TRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6871 ARTHUR HILLS DRIVE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188-		

NAME:	DAVID RAMSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 223296		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20153-		

NAME:	RICHARD JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3901 TREYBURN DRIVE SUITE 100		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-		

NAME:	DOUGLAS PANTO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	213 MCLAWS CIRCLE SUITE 2B		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-		

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.

<u>/s/ WILLIAM L HOLT</u>	<u>WILLIAM L HOLT, DIRECTOR</u>	<u>1/31/2011</u>
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.