

1.) CORPORATION NAME:

Colonial Heritage Community Foundation, Inc.

DUE DATE: **8/31/2011**

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

OFFICER

DIRECTOR

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: RICHARD JACKSON
TITLE: DIRECTOR
ADDRESS: 3901 TREYBURN DRIVE
SUITE 100
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185-

OFFICER

DIRECTOR

NAME: WILLIAM MASSEY TITLE: DIRECTOR ADDRESS: 739 THIMBLE SHOALS BLVD STE 1006 CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23606-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAUL TRY TITLE: DIRECTOR ADDRESS: 6871 ARTHUR HILLS DRIVE CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANN CARNIFAX TITLE: DIRECTOR ADDRESS: 423 HEMPSTEAD ROAD CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PETER COUGHLIN TITLE: DIRECTOR ADDRESS: 6843 ARTHUR HILLS DRIVE CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DONNA MITCHELL TITLE: DIRECTOR ADDRESS: 4719 SANFORD ARMS CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-	<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.		
<u>/s/ WILLIAM L HOLT</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>WILLIAM L HOLT, DIRECTOR</u> PRINTED NAME AND CORPORATE TITLE	<u>6/20/2011</u> 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.		