

1.) CORPORATION NAME:

Colonial Heritage Community Foundation, Inc.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM L HOLT
KAUFMAN & CANOLES PC
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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4205 CLIFFSIDE DR		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		
NAME:	RICHARD BOYDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4205 CLIFFSIDE DR		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		
NAME:	ANN CARNIFAX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	423 HEMPSTEAD ROAD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		
NAME:	PETER COUGHLIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6843 ARTHUR HILLS DRIVE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		
NAME:	WILLIAM L HOLT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4801 COURTHOUSE ST, STE 300		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		
NAME:	WILLIAM MASSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	739 THIMBLE SHOALS BLVD		
CITY/ST/ZIP/CO:	STE 1006 NEWPORT NEWS, VA 23606		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA MITCHELL TREASURER 4719 SANFORD ARMS WILLIAMSBURG, VA 23188	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL TRY DIRECTOR 6871 ARTHUR HILLS DRIVE WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Bennett DIRECTOR Victory Family YMCA 101 Long Green Blvd Yorktown, VA 23693	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Delores Jacobson DIRECTOR 5544 Greenwich Road Suite 202 Virginia Beach, VA 23462	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Wade Quinn DIRECTOR 1318 Jamestown Road Suite 102 Williamsburg, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ronald Monark DIRECTOR P.O. Box 8795 Williamsburg, VA 23187	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kim Maloney DIRECTOR 6692 Richmond Road 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.			
/s/ WILLIAM L HOLT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM L HOLT, DIRECTOR PRINTED NAME AND CORPORATE TITLE	7/2/2012 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.			