

1.) CORPORATION NAME:

Colonial Heritage Community Foundation, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM L HOLT
KAUFMAN & CANOLES PC
4801 COURTHOUSE ST STE 300**

SCC ID NO: **07128978**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

WILLIAMSBURG, VA

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:	PAST 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:	PRESIDENT		
ADDRESS:	4205 CLIFFSIDE DR		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		
NAME:	RICHARD ROYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4768 WINTERBERRY COURT		
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:	MICHAEL BENNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VICTORY FAMILY YMCA 101 LONG GREEN BLVD		
CITY/ST/ZIP/CO:	YORKTOWN, VA 23693		
NAME:	TOM COFFEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11815 FOUNTAIN WAY SUITE 300		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMANTHA LEWTON 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:	MICHAEL MAHER DIRECTOR 6605 CHAPEL CROSSING WILLIAMSBURG, VA 23188	<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
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
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/ RICHARD BOYDEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD BOYDEN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/8/2013 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.			