

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213545198

1.) CORPORATION NAME:

Association of Young Professionals of AugustaCounty, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WHITNEY J LEVIN
11 TERRY COURT
STAUNTON, VA**

SCC ID NO: **07140817**

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: C/O KJELLSTROM - LEE
2815 A N. AUGUSTA STREET

CITY/ST/ZIP: STAUNTON, VA 24401

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LELAND MCCRAY	
TITLE:	PRES/DIR	
ADDRESS:	C/O KJELLSTROM-LEE 2815 A N AUGUSTA ST STAUNTON, VA 24401	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MATTHEW DEITZ	
TITLE:	VP/DIR	
ADDRESS:	C/O ACE HARDWARE-VERONA 241 LEE HWY, PO BOX 1097 VERONA, VA 24482	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HOLLY RHODENIZER	
TITLE:	SECRETARY	
ADDRESS:	C/O LINEAGE ARCHITECTS, P.C. 610 LEE HWY, STE 201 VERONA, VA 24482	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SAFIYA MAHMOODIAN JARVIS	
TITLE:	TREAS/DIR	
ADDRESS:	C/O FIRST BANK & TRUST CO 1030 RICHMOND RD STAUNTON, VA 24401	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MATT FITZGERALD	
TITLE:	DIR	
ADDRESS:	C/O THE LUCHAIR COMPANY 261 THORNROSE AVENUE STAUNTON, VA 24401	
CITY/ST/ZIP/CO:		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Whitney J Levin DIRECTOR c/o Philip H. Miller, PC 11 Terry Court Staunton, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nicole Simmons DIRECTOR 316 Yount Ave Staunton, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stewart Douglas DIRECTOR c/o EyeOne 1500 Commerce Road Staunton, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Megan Argenbright DIRECTOR c/o Brown Edwards 124 Newman Ave Harrisonburg, VA 22801	<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/ Whitney J Levin	Whitney J Levin, DIRECTOR	9/27/2013	
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.			