

1.) CORPORATION NAME:

**Louisa Education Foundation**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C. DOUGLAS WHITLOCK  
212 MINERAL AVENUE  
P.O. BOX 130**

SCC ID NO: **07147614**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**MINERAL, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LOUISA COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 953 DAVIS HIGHWAY

CITY/ST/ZIP: MINERAL, VA 23117

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:	LAWRENCE KAVANAUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	225 Fairway Drive		
CITY/ST/ZIP/CO:	LOUISA, VA 23093		
NAME:	TONDA MATTHEWS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	185 MATTHEWS LANE		
CITY/ST/ZIP/CO:	MINERAL, VA 23117		
NAME:	C. DOUGLAS WHITLOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	123 ZACHARY TAYLOR HIGHWAY		
CITY/ST/ZIP/CO:	MINERAL, VA 23117		
NAME:	MARYLIN RIGGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4180 JAMES MADISON HIGHWAY		
CITY/ST/ZIP/CO:	GORDONSVILLE, VA 22942		
NAME:	DEAN P AGEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3679 ELLISVILLE DRIVE		
CITY/ST/ZIP/CO:	LOUISA, VA 23093		
NAME:	DAVID R BOARDWAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	23629		
CITY/ST/ZIP/CO:	MINERAL, VA 23117		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA BUSCH DIRECTOR P.O. BOX 130 MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN CARROLL DIRECTOR 362 OVERTON DRIVE MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. JEFFERSON GARNETT DIRECTOR 109 ELM STREET LOUSA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY LEWIS DIRECTOR P.O. BOX 885 LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA MOORE DIRECTOR 135 RANDOLPH STREET MINERAL, VA 23117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD PURCELL DIRECTOR P.O. BOX 308 LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH ROOTS DIRECTOR 7670 COURTHOUSE ROAD LOUISA, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Page Kemp DIRECTOR 171 Kents Mill Road Louisa, VA 23093	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patricia Robinson DIRECTOR 656 Catersville Road Mineral, VA 23117	<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/ C. DOUGLAS WHITLOCK</u>	<u>C. DOUGLAS WHITLOCK,</u>	<u>9/29/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.