

1.) CORPORATION NAME:

FRIENDS OF THE MATHEWS MEMORIAL LIBRARY, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JOHN C HODGES

678 RAPPAHANNOCK DR

PO BOX 5

WHITESTONE, VA 22578

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LANCASTER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **2/28/2011**

SCC ID NO: **07197270**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 68 MAPLE AVENUE
P.O. BOX 127

CITY/ST/ZIP: MATHEWS, VA 23109-

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: MAREE S. MORGAN
TITLE: PRESIDENT
ADDRESS: 1135 CHAPEL NECK RD.
CITY/ST/ZIP/CO: NORTH, VA 23128-

OFFICER

DIRECTOR

NAME: ROGER R. GAMBLE
TITLE: VICE PRESIDENT
ADDRESS: P.O. BOX 188
CITY/ST/ZIP/CO: PORT HAYWOOD, VA 23138-

OFFICER

DIRECTOR

NAME: PAMELA H. VIENS
TITLE: SECRETARY
ADDRESS: 762 WILLIAMS WHARF ROAD
CITY/ST/ZIP/CO: MATHEWS, VA 23109-

OFFICER

DIRECTOR

NAME: JAMES E. HUTCHINS
TITLE: TREASURER
ADDRESS: P.O. BOX 824
CITY/ST/ZIP/CO: COBBS CREEK, VA 23035-

OFFICER

DIRECTOR

NAME: JANE J. ABBOTT
TITLE: DIRECTOR
ADDRESS: 445 WHITFIELD ROAD
CITY/ST/ZIP/CO: CARDINAL, VA 23025-

OFFICER

DIRECTOR

NAME: MICHAEL CANNON TITLE: DIRECTOR ADDRESS: 364 GALES NECK PLACE CITY/ST/ZIP/CO: MATHEWS, VA 23109-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DOREEN G. FOLZENLOGEN TITLE: DIRECTOR ADDRESS: GENERAL DELIVERY CITY/ST/ZIP/CO: HALLIEFORD, VA 23068-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HENRY D. FURNISS JR. TITLE: DIRECTOR ADDRESS: 342 NORTH SHORE CIRCLE CITY/ST/ZIP/CO: NORTH, VA 23128-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY F. LINDGREN TITLE: DIRECTOR ADDRESS: P.O. BOX 1144 CITY/ST/ZIP/CO: MATHEWS, VA 23109-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MILDRED L. MONTGOMERY TITLE: DIRECTOR ADDRESS: GENERAL DELIVERY CITY/ST/ZIP/CO: BOHANNON, VA 23021-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN W. WARD TITLE: DIRECTOR ADDRESS: P.O. BOX 232 CITY/ST/ZIP/CO: HUDGINS, VA 23076-	<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/ JAMES E. HUTCHINS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES E. HUTCHINS, TREASURER PRINTED NAME AND CORPORATE TITLE
_____ DATE	
1/21/2011	
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.	