

1.) CORPORATION NAME:

FRIENDS OF THE MATHEWS MEMORIAL LIBRARY, INC.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRONWYN HUGHES
40 COURT ST.
P.O. BOX 801**

SCC ID NO: **07197270**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MATHEWS, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MATHEWS COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1135 CHAPEL NECK RD.		
CITY/ST/ZIP/CO:	NORTH, VA 23128		

NAME:	STEPHEN K WHITEWAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 62		
CITY/ST/ZIP/CO:	HALLIEFORD, VA 23068		

NAME:	BRONWYN HUGHES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P.O. BOX 174		
CITY/ST/ZIP/CO:	PORT HAYWOOD, VA 23138		

NAME:	PAMELA H. VIENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	762 WILLIAMS WHARF ROAD		
CITY/ST/ZIP/CO:	MATHEWS, VA 23109		

NAME:	JANE J. ABBOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	445 WHITFIELD ROAD		
CITY/ST/ZIP/CO:	CARDINAL, VA 23025		

NAME:	MICHAEL CANNON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	364 GALES NECK PLACE		
CITY/ST/ZIP/CO:	MATHEWS, VA 23109		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOREEN G. FOLZENLOGEN DIRECTOR GENERAL DELIVERY HALLIEFORD, VA 23068	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY D. FURNISS JR. DIRECTOR 342 NORTH SHORE CIRCLE NORTH, VA 23128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE R ULRICH DIRECTOR 139 DEER PATH COBBS CREEK, VA 23035	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W. WARD DIRECTOR P.O. BOX 232 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/ MAREE S. MORGAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MAREE S. MORGAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/7/2013 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.			