

1.) CORPORATION NAME:

**Guild of the Virginia Shakespeare Festival**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
DAVID E PROSSER  
104 LOXLEY LN  
WILLIAMSBURG, VA 23185**

SCC ID NO: **07197742**

5.) STOCK INFORMATION

CLASS	AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**JAMES CITY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 104 LOXLEY LANE

CITY/ST/ZIP: WILLIAMSBURG, VA 23185-

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: SARAH BELPREE  
TITLE: DIRECTOR  
ADDRESS: 376 MERRIMAC TR  
#313  
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185-

OFFICER  DIRECTOR

NAME: CHARLES EUGENE BUSH  
TITLE: DIRECTOR  
ADDRESS: 207 ROBERT ELLIFFE RD  
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185-

OFFICER  DIRECTOR

NAME: RITA DAVIS  
TITLE: DIRECTOR  
ADDRESS: PO BOX 729  
CITY/ST/ZIP/CO: TOANO, VA 23168-

OFFICER  DIRECTOR

NAME: LYN DELLINGER  
TITLE: DIRECTOR  
ADDRESS: 105 PROCTOR CIR  
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185-

OFFICER  DIRECTOR

NAME: JOSEPH DELLINGER  
TITLE: VICE CHAIRMAN  
ADDRESS: 105 PROCTOR CIR  
CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185-

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARAH GRAY DIRECTOR 405 TYLER ST WILLIAMSBURG, VA 23185-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOIS HORNSBY DIRECTOR 311 INDIAN SPRINGS RD WILLIAMSBURG, VA 23185-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID PROSSER CHAIRMAN 104 LOXLEY LN WILLIAMSBURG, VA 23185-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA PROSSER DIRECTOR 104 LOXLEY LN WILLIAMSBURG, VA 23185-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOROTHY RASKIN DIRECTOR 7 NEWMAN CT WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF RASKIN DIRECTOR 7 NEWMAN CT WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD HONABLUE DIRECTOR PO BOX 1566 GLOUCESTER, VA 23061-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY BLEDSOE DIRECTOR 162 RUTH LN WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AL MCKENNEY DIRECTOR 516 FAIRFAX WAY WILLIAMSBURG, VA 23185-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVELYN MCKENNEY DIRECTOR 516 FAIRFAX WAY WILLIAMSBURG, VA 23185-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JANE DICKSON TITLE: DIRECTOR ADDRESS: 613 IRONWOOD DR CITY/ST/ZIP/CO: YORKTOWN, VA 23693-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LES KRATTER TITLE: DIRECTOR ADDRESS: 113 LONG POINT CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DEB KRATTER TITLE: DIRECTOR ADDRESS: 113 LONG POINT CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BILL MILNE TITLE: DIRECTOR ADDRESS: 5 CLARKE CIRCLE CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KAY MILNE TITLE: DIRECTOR ADDRESS: 5 CLARKE CIRCLE CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SUSAN FOURNIER TITLE: SECRETARY/TREAS ADDRESS: 139 JORDANS JOURNEY CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185-	<input checked="" 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/ DAVID PROSSER	DAVID PROSSER, CHAIRMAN	1/20/2011
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.		