

1.) CORPORATION NAME:

Craig County Recreation and Conservation Association

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SANDRA DUDDING
18897 CUMBERLAND GAP RD
NEW CASTLE, VA**

SCC ID NO: **07216534**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CRAIG COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: OLD RAILROAD AND CRAIGS CREEK ROAD
P. O. BOX 371

CITY/ST/ZIP: NEW CASTLE, VA 24127-0371

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:	JoAnna Hutchison	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1405 Caldwell Mountain Road		
CITY/ST/ZIP/CO:	New Castle, VA 24127		
NAME:	Gina Smith	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6964 Little Mountain Road		
CITY/ST/ZIP/CO:	New Castle, VA 24127		
NAME:	Teresa Oliver	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	24452 Cumberland Gap Road		
CITY/ST/ZIP/CO:	New Castle, VA 24127		
NAME:	Nicole Hudson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	506 Hunters Drive		
CITY/ST/ZIP/CO:	New Castle, VA 24127		
NAME:	Joyce Ashley	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4 Hidden Valley Road		
CITY/ST/ZIP/CO:	New Castle, VA 24127		
NAME:	Sheri Sloss	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7313 Bending Oak Drive		
CITY/ST/ZIP/CO:	Catawba, VA 24070		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Deborah Snead DIRECTOR 267 Mountain Meadow Lane New Castle, VA 24127	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Swingle DIRECTOR 112 Magnolia Avenue New Castle, VA 24127	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JoAnna Hutchison	JoAnna Hutchison, TREASURER	4/17/2013
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.