

1.) CORPORATION NAME:

GIVE BACK FOUNDATION, INC.

DUE DATE: **10/19/2010**

SCC ID NO: **07252166**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
LADONNA HAIRSTON
70 ROSE ;AME
MARTINSVILLE, VA 24112**

5.) STOCK INFORMATION

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

HENRY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 3362

CITY/ST/ZIP: MARTINSVILLE, VA 24115-

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: MELVIN VENABLE
TITLE: PRESIDENT
ADDRESS: 362 PATRICK DRIVE
CITY/ST/ZIP/CO: COLUMBIA, SC 29223-

OFFICER

DIRECTOR

NAME: JUANDALYN HUNT
TITLE: SECRETARY
ADDRESS: 108 WHITE STONE DRIVE
CITY/ST/ZIP/CO: GREENSBORO, NC 27455-

OFFICER

DIRECTOR

NAME: LADONNA HAIRSTON
TITLE: TREASURER
ADDRESS: 70 ROSE LANE
CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112-

OFFICER

DIRECTOR

NAME: TRINA HARRIS
TITLE: ASST TREASURER
ADDRESS: 118 WOOD STREET
CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112-

OFFICER

DIRECTOR

NAME: YVONNE SPENCER
TITLE: PUBLIC REL OFF
ADDRESS: 15 GREEN TREE ST
CITY/ST/ZIP/CO: COLLINSVILLE, VA 24078-

OFFICER

DIRECTOR

OFFICER DIRECTOR

NAME: MARCO VENABLE
TITLE: EQUIP OFFICER
ADDRESS: 3715 PARLIMENT RD #6
CITY/ST/ZIP/CO: ROANOKE, VA 24014-

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/ LADONNA HAIRSTON	LADONNA HAIRSTON, TREASURER	10/19/2010
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.