

1.) CORPORATION NAME:

Elkton Welcome Center, Inc.

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HEIDI FINDLAY
ELKTON WELCOME CENTER, INC.
306 WEST SPOTSWOOD AVE**

SCC ID NO: **07323611**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ELKTON, VA 22827

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROCKINGHAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 306 WEST SPOTSWOOD AVENUE

CITY/ST/ZIP: ELKTON, VA 22827

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:	MICHAEL C POWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 487		
CITY/ST/ZIP/CO:	ELKTON, VA 22827		

NAME:	JULIE TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	309 WEST PROSPECT AVE		
CITY/ST/ZIP/CO:	ELKTON, VA 22827		

NAME:	STEPHANIE DEAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	118 LUCAS LN		
CITY/ST/ZIP/CO:	ELKTON, VA 22827		

NAME:	CASEY BILLHIMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2516 HAWKSBILL RD		
CITY/ST/ZIP/CO:	MCGAHEYSVILLE, VA 22840		

NAME:	JOANN FOLTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	504 NORTH STUART AVE		
CITY/ST/ZIP/CO:	ELKTON, VA 22827		

NAME:	CARLA POWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3272 NORTHVIEW LN		
CITY/ST/ZIP/CO:	ELKTON, VA 22827		

NAME: MARGARETTA ISOM TITLE: DIRECTOR ADDRESS: 434 WIRT AVE CITY/ST/ZIP/CO: ELKTON, VA 22827	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BILL HOLT TITLE: DIRECTOR ADDRESS: 508 4TH ST CITY/ST/ZIP/CO: ELKTON, VA 22827	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOE HAMMER TITLE: DIRECTOR ADDRESS: 141 SWEETGUM ST CITY/ST/ZIP/CO: ELKTON, VA 22827	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNDA JO WORKMAN DEAN TITLE: DIRECTOR ADDRESS: 115 CLARKE AVE CITY/ST/ZIP/CO: ELKTON, VA 22827	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HEIDI FINDLAY TITLE: EXEC DIRECTOR ADDRESS: 302 HILL AVE CITY/ST/ZIP/CO: ELKTON, VA 22827	<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/ HEIDI FINDLAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HEIDI FINDLAY, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	6/26/2012 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.		