

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213543058

1.) CORPORATION NAME:

Arts Chorale Of Winchester, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARGARET H MATHESON
141 HARVEST RIDGE DR
WINCHESTER, VA**

SCC ID NO: **07414063**

5.) STOCK INFORMATION

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

FREDERICK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 141 HARVEST RIDGE DR

CITY/ST/ZIP: WINCHESTER, VA 22601

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.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	WILLIAM HAYES OLD JR				
TITLE:	PRESIDENT				
ADDRESS:	540 OLD KITCHEN RD				
CITY/ST/ZIP/CO:	WHITE POST, VA 22663				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	THOMAS MACCUBBIN				
TITLE:	VICE PRESIDENT				
ADDRESS:	1623 VALLEY AVE				
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CAROLE NAPOLITANO				
TITLE:	DIRECTOR				
ADDRESS:	PO BOX 247				
CITY/ST/ZIP/CO:	ROUND HILL, VA 20142				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	GORDON STEARNS				
TITLE:	DIRECTOR				
ADDRESS:	1703 VALLEY AVE				
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ANN POLING				
TITLE:	DIRECTOR				
ADDRESS:	220 CLAY HILL DR				
CITY/ST/ZIP/CO:	WINCHESTER, VA 22602				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	NANCY TICKNOR				
TITLE:	DIRECTOR				
ADDRESS:	635 PRITCHARDS HILL CT				
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601				

NAME: JENNIFER VOLKMANN TITLE: DIRECTOR ADDRESS: 233 CANYON RD CITY/ST/ZIP/CO: WINCHESTER, VA 22602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES LASTER TITLE: SECRETARY ADDRESS: 125 GARDEN CT CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUSAN HELSLEY TITLE: TREASURER ADDRESS: 775 JOHNSTON CT CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARGARET H MATHESON TITLE: DIRECTOR ADDRESS: 141 HARVEST RIDGE DR CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<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/ SUSAN HELSLEY	SUSAN HELSLEY, TREASURER	9/15/2013
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.		