

1.) CORPORATION NAME:

DUE DATE: **3/31/2014**

THE WARRENTON MEETING PLACE

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07481625**

**CHARLES V BROOKE
214 WATERLOO ST
WARRENTON, VA**

5.) STOCK INFORMATION

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

FAUQUIER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5655 ENON SCHOOL RD

CITY/ST/ZIP: MARSHALL, VA 20115

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: SALLY HUGHES TITLE: PRESIDENT ADDRESS: 5655 ENON SCHOOL RD CITY/ST/ZIP/CO: MARSHALL, VA 20115	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN BALLIE TITLE: VICE PRESIDENT ADDRESS: 3831 CLIFTON MANOR PLACE CITY/ST/ZIP/CO: HAYMARKET, VA 20169	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRED BALLIE TITLE: CHAIRMAN ADDRESS: 3831 CLIFTON MANOR PLACE CITY/ST/ZIP/CO: HAYMARKET, VA 20169	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RON HADLER TITLE: DIRECTOR ADDRESS: 8731 HILLTOP PLACE CITY/ST/ZIP/CO: MARSHALL, VA 20115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL HUGHES TITLE: TREASURER ADDRESS: 5655 ENON SCHOOL RD. CITY/ST/ZIP/CO: MARSHALL, VA 20115	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK STARK TITLE: DIRECTOR ADDRESS: 185 WOODWARD ROAD CITY/ST/ZIP/CO: SPERRYVILLE, VA 22740	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BOB WARGO TITLE: DIRECTOR ADDRESS: 11411 CREST LANE CITY/ST/ZIP/CO: BEALTON, VA 22712	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DON KNOWLES TITLE: ASST TREASURER ADDRESS: 41927 MORELAND TERRACE CITY/ST/ZIP/CO: ALDIE, VA 20105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JESSYCA MARSHALL TITLE: DIRECTOR ADDRESS: 7266 JAFFA CIRCLE CITY/ST/ZIP/CO: WARRENTON, VA 20186	<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/ SALLY HUGHES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SALLY HUGHES, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/27/2014 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.		