

1.) CORPORATION NAME:

Cave Spring National Little League, Incorporated

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**S J ROBERT SLEMP
310 JEFFERSON ST SE
ROANOKE, VA 24011**

SCC ID NO: **07493406**

5.) STOCK INFORMATION

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

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: Cave Spring National Little League, Inc.
P.O. Box 20674

CITY/ST/ZIP: Roanoke, VA 24018

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:	TOM BARROW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6664 CHRISTOPHER DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME:	JAY GLENN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6113 GAUGIN CIRCLE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME:	STEVE KELLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6007 MONET DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME:	STEPHANIE KEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4050 SNOWGOOSE CIR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME:	CRYSTAL MAIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4005 WHITE DOVE LN		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME:	Robert Slemp	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6149 Renoir Ln.		
CITY/ST/ZIP/CO:	Roanoke, VA 24018		

NAME: John Moore TITLE: SECRETARY ADDRESS: 4241 Kings Court Dr. CITY/ST/ZIP/CO: Roanoke, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mark Woolwine TITLE: TREASURER ADDRESS: 4108 Eagle Circle CITY/ST/ZIP/CO: Roanoke, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Phillip Dean Owens TITLE: DIRECTOR ADDRESS: 3951 Hummingbird Lane CITY/ST/ZIP/CO: Roanoke, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ryan Uργο TITLE: DIRECTOR ADDRESS: 3458 Meadowlark Rd. CITY/ST/ZIP/CO: Roanoke, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Ruth TITLE: DIRECTOR ADDRESS: 5503 Stearnes Ave. CITY/ST/ZIP/CO: Roanoke, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James Chapman TITLE: DIRECTOR ADDRESS: 6059 Cezanne Court CITY/ST/ZIP/CO: Roanoke, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rick Schilling TITLE: DIRECTOR ADDRESS: 3634 Janney Ln. CITY/ST/ZIP/CO: Roanoke, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kevin Odenwelder TITLE: DIRECTOR ADDRESS: 3330 Hollyfield Cr. CITY/ST/ZIP/CO: Roanoke, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Pete Orr TITLE: DIRECTOR ADDRESS: 6504 Brookhaven Ct. CITY/ST/ZIP/CO: Roanoke, VA 24018	<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/ Robert Slep	Robert Slep, VICE PRESIDENT	3/19/2013
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.