

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215528507
1.) CORPORATION NAME: Shore Wildlife Rehab		DUE DATE: 5/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GAY FRAZEE 7027 MACKATOUCES POINT RD JAMESVILLE, VA		SCC ID NO: 07509037
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORTHAMPTON COUNTY		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 7027 MACKATOUCES POINT RD CITY/ST/ZIP: JAMESVILLE, VA 23398		
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: GAY FRAZEE TITLE: PRESIDENT ADDRESS: 7027 MACKATOUCES POINT RD PO BOX 145 CITY/ST/ZIP/CO: JAMESVILLE, VA 23398	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHALEEN C. CUMMINGS TITLE: VICE PRESIDENT ADDRESS: 16091 PUNGOTEAGUE RD. CITY/ST/ZIP/CO: PAINTER, VA 23420	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAULA R. CAMERON TITLE: DIRECTOR ADDRESS: 34424 LANKFORD HIGHWAY POST OFFICE BOX 40 CITY/ST/ZIP/CO: PAINTER, VA 23420	<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/ GAY FRAZEE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GAY FRAZEE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/29/2015 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.		