

1.) CORPORATION NAME:

Olde Huntersville Civic League, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TERRANCE SIMMONS
735 FREMONT ST
NORFOLK, VA**

SCC ID NO: **07623341**

5.) STOCK INFORMATION

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

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 964 Washington Ave.

CITY/ST/ZIP: Norfolk, VA 23504

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:	TERRANCE SIMMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Interm Pres.		
ADDRESS:	735 FREMONT ST		
CITY/ST/ZIP/CO:	NORFOLK, VA 23504		
NAME:	Beatrice Garvin - Thompson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	964 Washington Ave		
CITY/ST/ZIP/CO:	Norfolk, VA 23504		
NAME:	Penny Rout	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	880 Lexington Street		
CITY/ST/ZIP/CO:	Norfolk, VA 23504		
NAME:	Harry Doggett	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	866 Washington Ave		
CITY/ST/ZIP/CO:	Norfolk, VA 23504		
NAME:	Martha Rout	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	880 Lexington Street		
CITY/ST/ZIP/CO:	Norfolk, VA 23504		
NAME:	Mary Doggett	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	866 Washington Ave		
CITY/ST/ZIP/CO:	Norfolk, VA 23504		

NAME: James Daniels TITLE: Parliamentarian ADDRESS: 893 A Avenue CITY/ST/ZIP/CO: Norfolk, VA 23504	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Julies Simpson TITLE: Chaplain ADDRESS: 880 Lexington Street CITY/ST/ZIP/CO: Norfolk, VA 23504	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ TERRANCE SIMMONS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERRANCE SIMMONS, Intern Pres. PRINTED NAME AND CORPORATE TITLE	4/22/2014 DATE
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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.