

1.) CORPORATION NAME:

**HOLSTON UNITED METHODIST HOME FOR CHILDREN,
INC.**

DUE DATE: **2/28/2013**

SCC ID NO: **F1326778**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BYRUM L GEISLER
208 E MAIN ST
PO BOX 2288**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ABINGDON, VA 24212-2288

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WASHINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 188

CITY/ST/ZIP: GREENEVILLE, TN 37744-0188

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 checked="" type="checkbox"/> DIRECTOR
NAME:	MRS. NANCY CASSON	
TITLE:	SECRETARY	
ADDRESS:	231 CASSON-LIPPARD ROAD	
CITY/ST/ZIP/CO:	GEORGETOWN, TN 37336	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MR. JEFFREY MONSON	
TITLE:	TREASURER	
ADDRESS:	849 AMY LEA	
CITY/ST/ZIP/CO:	SEVIERVILLE, TN 37862	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MR. BRADLEY BOWER	
TITLE:	VICE CHAIRMAN	
ADDRESS:	9721 COGDILL ROAD, SUITE 101	
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37932	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MRS. MARY MARGARET DENTON	
TITLE:	CHAIRMAN	
ADDRESS:	204 ST. CHARLES PLACE	
CITY/ST/ZIP/CO:	KINGSPORT, TN 37660	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	REV. TOM BALLARD	
TITLE:	DIRECTOR	
ADDRESS:	P.O. BOX 1592	
CITY/ST/ZIP/CO:	MORRISTOWN, TN 37816	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MR. KENT BEWLEY	
TITLE:	DIRECTOR	
ADDRESS:	615 W. MAIN ST.	
CITY/ST/ZIP/CO:	GREENEVILLE, TN 37743	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REV. GREGG BOSTICK DIRECTOR 132 LANE ROAD LENOIR CITY, TN 37772	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR. STEPHEN BRUMIT DIRECTOR 246 E. CENTER ST. KINGSPORT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MRS. BRENDA PARRISH DICKMANN DIRECTOR P. O. Box 100 LOUISVILLE, TN 37777	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR. MITCH COX DIRECTOR P.O. BOX 3891 JOHNSON CITY, TN 37602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR. RICK CURRIE DIRECTOR P.O. BOX 88 KINGSPORT, TN 37662	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR. RON JONES DIRECTOR 5245 W. ALLENS BRIDGE ROAD GREENEVILLE, TN 37743	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REV. NICOLE KREWSON DIRECTOR 1810 FAIRMONT BLVD. KNOXVILLE, TN 37371	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MRS. IVY LEONARD DIRECTOR 130 WILDWOOD COURT GREENEVILLE, TN 37745	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR. ARTHUR S. MASKER PRESIDENT/CEO 402 SUNSET BLVD GREENEVILLE, TN 37743	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR. JOHN MCGUFFIN DIRECTOR 91 FAIRWAY DRIVE GREENEVILLE, TN 37743	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MRS. JEWELL MCKINNEY PORTER DIRECTOR 304 E. CENTER ST. KINGSPORT, TN 37660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MRS. DEBRA OLDENBERG TITLE: DIRECTOR ADDRESS: 180 SUMMERHILL LANE CITY/ST/ZIP/CO: GREENEVILLE, TN 37745	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MR. COLE PIPER TITLE: DIRECTOR ADDRESS: 2400 E. GALLAHER FERRY RD. CITY/ST/ZIP/CO: KNOXVILLE, TN 37932	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MR. JAMES O. SEXTON TITLE: DIRECTOR ADDRESS: 442 CULVER ROAD CITY/ST/ZIP/CO: LIMESTONE, TN 37681	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MRS. BRENDA STEVENS TITLE: DIRECTOR ADDRESS: 139 JERALDSTOWN RD. CITY/ST/ZIP/CO: FALL BRANCH, TN 37656	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MRS. BARBARA STREET TITLE: DIRECTOR ADDRESS: 963 BULLOCK HOLLOW ROAD CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BISHOP MARY VIRGINIA TAYLOR TITLE: DIRECTOR ADDRESS: P.O. BOX 850 CITY/ST/ZIP/CO: ALCOA, TN 37701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MR. PETER L. PALMER TITLE: DIRECTOR ADDRESS: 107 NORTH CLIFF LANE CITY/ST/ZIP/CO: CHATTANOOGA, TN 37415	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THE HONORABLE THOMAS J. WRIGHT TITLE: DIRECTOR ADDRESS: P.O. BOX 876 CITY/ST/ZIP/CO: GREENEVILLE, TN 37744	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REV. ADAM MCKEE TITLE: DIRECTOR ADDRESS: 706 S. Illinois Avenue CITY/ST/ZIP/CO: Suite D102 OAK RIDGE, TN 37830-7969	<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/ MR. ARTHUR S. MASKER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MR. ARTHUR S. MASKER, PRESIDENT/CEO PRINTED NAME AND CORPORATE TITLE	2/4/2013 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.		