

1.) CORPORATION NAME:

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF
BRISTOL, INC.**

DUE DATE: **6/30/2012**

SCC ID NO: **F1384322**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PETER CURCIO
600 CUMBERLAND ST
BRISTOL, VA 24201**

5.) STOCK INFORMATION

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

BRISTOL CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 M. L. KING JR BLVD

CITY/ST/ZIP: BRISTOL, TN 37620

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: GWEN W ELLIS TITLE: MEMBERATLARGE ADDRESS: 801 GEORGIA AVENUE CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHIL TIMP TITLE: PAST PRESIDENT ADDRESS: 522 STATE ST, STE 204 CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE DIXON TITLE: PRESIDENT ADDRESS: 29 CROWN CIRLCE CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBBIE PHILLIPS TITLE: VICE PRESIDENT ADDRESS: C/O CORPORATE IMAGE CITY/ST/ZIP/CO: 619 VOLUNTEER PKWY BRISTOL, TN 37620	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN DYE TITLE: 2ND V.PRES ADDRESS: 300 LEE STREET CITY/ST/ZIP/CO: BRISTOL, VA 24201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANITA GREENE TITLE: SECRETARY ADDRESS: C/O STRONGWELL CITY/ST/ZIP/CO: 400 COMMONWEALTH AVE BRISTOL, VA 24201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL SORAH MEMBERATLARGE 214 MELODY LANE BRISTOL, TN 37620	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE ROBINETTE MEMBERATLARGE C/O ROBINETTE CO P. O. BOX 3567 BRISTOL, TN 37620	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEMBERATLARGE NELSON LINK PRESIDENT 132 SEQUOIA LANE BRISTOL, TN 37620	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BECKY AVIRETT DIRECTOR 2315 EDMONT AVENUE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN BIEGER DIRECTOR P. O. BOX 1296 ABINGDON, VA 24212	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA BULLINS DIRECTOR 112 GREINER DRIVE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM BUTCHER DIRECTOR 120 SKYLINE DRIVE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREG COCHRAN DIRECTOR 237 SHIRLEY DRIVE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON GUADAGNOLI DIRECTOR 633 HWY. 126, STE 1 BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY LILLY DIRECTOR 100 FOREST HILLS DR BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA LUNDBERG DIRECTOR 212 SKYLINE DRIVE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MARK LINEBURG TITLE: DIRECTOR ADDRESS: 222 OAK STREET CITY/ST/ZIP/CO: BRISTOL, VA 24201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: S. HUGHES MELTON TITLE: DIRECTOR ADDRESS: P. O. BOX 786 CITY/ST/ZIP/CO: LEBANON, VA 24266	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TODD MUNCY TITLE: DIRECTOR ADDRESS: 300 MOORE ST, STE B CITY/ST/ZIP/CO: BRISTOL, VA 24201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLIFF QUESENBERRY TITLE: DIRECTOR ADDRESS: 15217 WILDERNESS RD CITY/ST/ZIP/CO: BRISTOL, VA 24202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BEN ZANDI TITLE: DIRECTOR ADDRESS: C/O TROUTDALE CITY/ST/ZIP/CO: 412 SIXTH STREET BRISTOL, TN 37620	<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/ STEVE DIXON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE DIXON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/12/2012 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.		