

1.) CORPORATION NAME:

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

DUE DATE: **6/30/2014**

SCC ID NO: **F1384322**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: STEVE DIXON TITLE: PAST PRESIDENT ADDRESS: 29 CROWN CIRCLE CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MEMBERATLARGE NELSON LINK TITLE: MEMBER AT LARGE ADDRESS: 132 SEQUOIA LANE CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBBIE PHILLIPS TITLE: 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: 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: BILL SORAH TITLE: MEMBERATLARGE ADDRESS: 214 MELODY LANE CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAN BIEGER TITLE: DIRECTOR ADDRESS: 565 VOLUNTEER PKWY. CITY/ST/ZIP/CO: BRISTOL, TN 37620	<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:	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:	MARK LINEBURG DIRECTOR 222 OAK STREET BRISTOL, VA 24201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. HUGHES MELTON DIRECTOR 23104 VIRGINIA TRAIL BRISTOL, VA 24202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD MUNCY DIRECTOR 300 MOORE ST, STE B BRISTOL, VA 24201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANINE MYATT DIRECTOR 815 PIEDMONT AVENUE BRISTOL, VA 24201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIFF QUESENBERRY DIRECTOR 15217 WILDERNESS RD BRISTOL, VA 24202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT RAINWATER DIRECTOR 112 S. HAMPTON DRIVE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELLY FRYE DIRECTOR 301 THREE OAKS DRIVE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONAN KING DIRECTOR 1114 HOLSTON AVENUE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: KIM LEONARD TITLE: DIRECTOR ADDRESS: 109 HEMLOCK LANE CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIM MAXWELL TITLE: DIRECTOR ADDRESS: 320 BOB MORRISON BLVD CITY/ST/ZIP/CO: BRISTOL, VA 24201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SEYMORE RAY TITLE: DIRECTOR ADDRESS: 113 SANTA FE DRIVE CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALLISON SCANLAN TITLE: DIRECTOR ADDRESS: 1709 CLIFTON ROAD CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LUCIA SCHNEIDER TITLE: DIRECTOR ADDRESS: 620 LOCUST STRETT CITY/ST/ZIP/CO: 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/ ROBBIE PHILLIPS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBBIE PHILLIPS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/16/2014 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.		