

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211512739

1.) CORPORATION NAME:

Summit Community Bank, Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1712274**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
DENNIS SNYDER
224 SOUTH MAIN STREET
HARRISONBURG, VA 22801**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

WV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 680
310 NORTH MAIN STREET

CITY/ST/ZIP: MOOREFIELD, WV 26836-

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:	RONALD F. MILLER	
TITLE:	PRES/CEO	
ADDRESS:	100 W. JUBAL EARLY DRIVE	
CITY/ST/ZIP/CO:	WINCHESTER, VA 22604-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PHOEBE F HEISHMAN	
TITLE:	SECRETARY	
ADDRESS:	PO BOX 380	
CITY/ST/ZIP/CO:	MOOREFIELD, WV 26836-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN W CRITES	
TITLE:	DIRECTOR	
ADDRESS:	46 POINT DRIVE	
CITY/ST/ZIP/CO:	PETERSBURG, WV 26847-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	H. CHARLES MADDY, III	
TITLE:	DIRECTOR	
ADDRESS:	530 ROLLING ACRES RD	
CITY/ST/ZIP/CO:	OLD FIELDS, WV 26845-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	OSCAR M BEAN	
TITLE:	DIRECTOR	
ADDRESS:	2365 CUNNINGHAM LN	
CITY/ST/ZIP/CO:	MOOREFIELD, WV 26836-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEWEY F. BENSENHAVER DIRECTOR HC 30 BOX 95 PETERSBURG, WV 26847-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. SCOTT BRIDGEFORTH DIRECTOR 601 JEFFERSON ST WINCHESTER, VA 22601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M. COOKMAN DIRECTOR 22 POINT DRIVE PETERSBURG, WV 26847-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES P. GEARY, II DIRECTOR PO BOX 218 PETERSBURG, WV 26847-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGETTE GEORGE DIRECTOR PO BOX 8523 CHARLESTON, WV 25303-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J. HAWSE, III DIRECTOR PO BOX 602 MOOREFIELD, WV 26836-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY L. HINKLE DIRECTOR PO BOX 65 CIRCLEVILLE, WV 26804-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY E. HOTT DIRECTOR HC 60 BOX 27A FRANKLIN, WV 26807-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD W. HUFFMAN DIRECTOR HC 33 BOX 620 PETERSBURG, WV 26847-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DUKE A. MCDANIEL DIRECTOR PO BOX 417 PETERSBURG, WV 26847-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: G.R. OURS, JR. TITLE: DIRECTOR ADDRESS: 222 JUDY STREET CITY/ST/ZIP/CO: PETERSBURG, WV 26847-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GEORGE PACE TITLE: DIRECTOR ADDRESS: 503 FAIRWAY DRIVE CITY/ST/ZIP/CO: HARRISONBURG, VA 22802-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES PICCIRILLO TITLE: DIRECTOR ADDRESS: PO BOX 38 CITY/ST/ZIP/CO: MADISON, WV 25130-	<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/ H. CHARLES MADDY, III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	H. CHARLES MADDY, III, DIRECTOR PRINTED NAME AND CORPORATE TITLE	6/17/2011 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.		