

**2018 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

218072162--4/26/2018

218072162



**1. CORPORATION NAME:**

MVHS Warrior Band Boosters Inc.

**DUE DATE: March 31, 2018**

**2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.**

EVANGALINE H EANES  
721 OLD LEAKSVILLE RD  
RIDGEWAY, VA 24148

**SCC ID NO.: 0816440-2**

**5. STOCK INFORMATION**

CLASS	AUTHORIZED

**3. CITY OR COUNTY OF VA REGISTERED OFFICE:**

144-HENRY COUNTY

**4. STATE OR COUNTRY OF INCORPORATION:**

VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

**6. PRINCIPAL OFFICE ADDRESS:**

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: PO BOX 257	ADDRESS:
CITY/ST/ZIP RIDGEWAY, VA 24148	CITY/ST/ZIP

**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.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: EVANGELINE EANES	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 721 OLD LEAKSVILLE RD	ADDRESS:
CITY/ST/ZIP: RIDGEWAY, VA 24148	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

	<u>Evangaline H. Eanes President</u>	<u>4/21/18</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2018 ANNUAL REPORT CONTINUED

218072162--4/26/2018

218072162

CORPORATION NAME:  
MVHS Warrior Band Boosters Inc.

DUE DATE: 03/31/18  
SCC ID NO.: 0816440-2

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  <input type="checkbox"/> Correction   <input type="checkbox"/> Addition   <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CARMEN FERIA TITLE: VICE PRESIDENT ADDRESS: 2325 SANDY RIVER RD CITY/ST/ZIP: AXTON, VA 24054</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  <input type="checkbox"/> Correction   <input type="checkbox"/> Addition   <input checked="" type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: SHANNON DAVIS TITLE: TRES/DIR ADDRESS: 529 CHURCH STREET CITY/ST/ZIP: RIDGEWAY, VA 24148</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Sarah Carter TITLE: Treasurer ADDRESS: 1215 Sherwood Circle CITY/ST/ZIP: Ridgeway VA 24148</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  <input type="checkbox"/> Correction   <input type="checkbox"/> Addition   <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: THERESA SMITH TITLE: SECRETARY ADDRESS: 80 SOAPSTONE ROAD CITY/ST/ZIP: RIDGEWAY, VA 24148</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  <input type="checkbox"/> Correction   <input type="checkbox"/> Addition   <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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2018 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION



218151694

2018 OCT 19 AM 11:04  
SEC. CLERK'S OFF.

1. CORPORATION NAME  
MVHS Warrior Band Boosters Inc.

DUE DATE: 3/31/2018

CORPORATE ID.: 0816440-2

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFICER.

EVANGALINE H EANES  
721 OLD LEAKSVILLE RD  
RIDGEWAY VA 24148

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
144 - HENRY COUNTY

4. STATE OR COUNTRY OF INCORPORATION:  
VA - VIRGINIA

Changes to items 1 through 5 above cannot be accomplished on this annual report form and will require a separate filing(s). Carefully read the enclosed instruction sheet. Visit our website at [scc.virginia.gov/clk/formfee.aspx](http://scc.virginia.gov/clk/formfee.aspx) or contact the Clerk's Office. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: PO BOX 257	ADDRESS:
CITY/ST/ZIP: RIDGEWAY VA 24148	CITY/ST/ZIP:

7. DIRECTORS AND PRINCIPAL OFFICERS:

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An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below. <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: EVANGELINE EANES TITLE: PRESIDENT ADDRESS: 721 OLD LEAKSVILLE RD CITY/ST/ZIP: RIDGEWAY VA 24148	NAME: _____ TITLE: _____ ADDRESS: _____ CITY/ST/ZIP: _____
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW.

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

*Evangeline Eanes, President*  
PRINTED NAME AND TITLE  
10/5/18  
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

## 2018 ANNUAL REPORT CONTINUED

CORPORATE NAME:  
MVHS Warrior Band Boosters Inc.

DUE DATE: 3/31/2018  
SCC ID NO.: 0816440-2

218151694

## 7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p> <p>NAME: <b>CARMEN FERIA</b> TITLE: <b>VICE PRESIDENT</b> ADDRESS: <b>2325 SANDY RIVER RD</b> CITY/ST/ZIP: <b>AXTON VA 24054</b></p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete Information</p> <p>NAME: <b>SARAH CARTER</b> TITLE: <b>TREASURER</b> ADDRESS: <b>1215 SHERWOOD CIRCLE</b> CITY/ST/ZIP: <b>RIDGEWAY VA 24148</b></p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement</p> <p>NAME: <i>Pamela LaPrade</i> TITLE: <i>Treasurer</i> ADDRESS: <i>P O Box 710</i> CITY/ST/ZIP: <i>Ridgeway VA 24148</i></p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p> <p>NAME: <b>THERESA SMITH</b> TITLE: <b>SECRETARY</b> ADDRESS: <b>80 SOAPSTONE ROAD</b> CITY/ST/ZIP: <b>RIDGEWAY VA 24148</b></p> <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>