

2017 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



217116525

1. CORPORATION NAME
 MVHS Warrior Band Boosters Inc.

DUE DATE: 3/31/2017

SCC ID NO.: 0816440-2

2. VA REGISTERED AGENT NAME AND ADDRESS: OFFICER.

EVANGALINE H EANES
 721 OLD LEAKSVILLE RD
 RIDGEWAY VA 24148

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 address is blank or incorrect, add or correct below.
ADDRESS:	ADDRESS: P.O. Box 257
CITY/ST/ZIP:	CITY/ST/ZIP: Ridgeway VA 24148

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 checked="" 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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: EVANGELINE EANES TITLE: PRES/DIR ADDRESS: 721 OLD LEAKSVILLE RD CITY/ST/ZIP: RIDGEWAY VA 24148	NAME: Evangaline Eanes TITLE: President/Director ADDRESS: 721 Old Leaksville Rd CITY/ST/ZIP: Ridgeway, VA 24148

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

Evangaline H. Eanes
 PRINTED NAME AND TITLE

6/20/17
 DATE

2017 ANNUAL REPORT CONTINUED

CORPORATE NAME:
MVHS Warrior Band Boosters Inc.

DUE DATE: 3/31/2017
SCC ID NO.: 0816440-2

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

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</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: SHANNON DAVIS OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> TITLE: TRES/DIR ADDRESS: 529 CHURCH STREET CITY/ST/ZIP: RIDGEWAY VA 24148</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 checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME: CARMEN FERIA OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> TITLE: SECY/DIR ADDRESS: 2325 SANDY RIVER RD CITY/ST/ZIP: AXTON VA 24054</p>	<p>NAME: Carmen Feria OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> TITLE: Vice-President/Director ADDRESS: 2325 Sandy River Road CITY/ST/ZIP: Axton VA 24054</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>NAME: Theresa Smith OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> TITLE: Secretary/Director ADDRESS: 80 Soapstone Road 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 information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> TITLE: ADDRESS: CITY/ST/ZIP:</p>