

**2019 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**



219033599

- 1. CORPORATION NAME: MVHS Warrior Band Boosters Inc. DUE DATE: 03/31/19
- 2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR. SCC ID NO.: 0816440-2  
 EVANGALINE H EANES  
 721 OLD LEAKSVILLE RD  
 RIDGEWAY, VA 24148
- 3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
144-HENRY COUNTY
- 4. STATE OR COUNTRY OF INCORPORATION:  
VA-VIRGINIA
- 5. TOTAL NUMBER OF AUTHORIZED SHARES:

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    CITY/ST/ZIP RIDGEWAY, VA 24148	ADDRESS:    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"/>  NAME: EVANGELINE EANES TITLE: PRESIDENT ADDRESS: 721 OLD LEAKSVILLE RD CITY/ST/ZIP: RIDGEWAY, VA 24148	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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 Eanes  
 PRINTED NAME AND CORPORATE TITLE
 

2/7/19  
 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.

2019 ANNUAL REPORT CONTINUED

219033599--2/11/2019

219033599

CORPORATION NAME:  
MVHS Warrior Band Boosters Inc.

DUE DATE: 03/31/19  
SCC ID NO.: 0816440-2

All directors and principal officers must be listed.  
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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

<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 type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: PAMELA LAPRADE TITLE: TREASURER ADDRESS: PO BOX 710 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 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>



2019 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION



2019 JUN -3 AM 11:11  
DUE DATE: 3/31/2019

1. CORPORATION NAME  
MVHS Warrior Band Boosters Inc.

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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NAME: EVANGELINE EANES TITLE: PRESIDENT ADDRESS: 721 OLD LEAKSVILLE RD CITY/ST/ZIP: RIDGEWAY VA 24148 OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	NAME: TITLE: ADDRESS: CITY/ST/ZIP: 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

Evangaline Eanes  
PRINTED NAME AND TITLE

5/4/19  
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.

2019 ANNUAL REPORT CONTINUED

CORPORATE NAME:  
MVHS Warrior Band Boosters Inc.

DUE DATE: 3/31/2019  
SCC ID NO.: 0816440-2

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

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<p style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></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 style="text-align: right;">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 checked="" 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 checked="" type="checkbox"/> Replacement</p>
<p style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <b>PAMELA LAPRADE</b>          TITLE: <b>TREASURER</b>          ADDRESS: <b>PO BOX 710</b>          CITY/ST/ZIP: <b>RIDGEWAY VA 24148</b></p>	<p style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Frankie France</i>          TITLE: <i>Treasurer</i>          ADDRESS: <i>115 Stuart Ridge Rd</i>          CITY/ST/ZIP: <i>Martinsville, VA 24112</i></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>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 style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></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 style="text-align: right;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Jennifer Thacker</i>          TITLE: <i>Secretary</i>          ADDRESS: <i>151 Hicks St</i>          CITY/ST/ZIP: <i>Ridgeway, VA 24148</i></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 type="checkbox"/> Addition   <input type="checkbox"/> Replacement</p>
<p style="text-align: right;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p style="text-align: right;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>