



**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00786582
Filing Number: 2102232952596
Filing Date/Time: 02/23/2021 01:31 PM
Effective Date/Time: 02/23/2021 01:31 PM



1. CORPORATION NAME:
NORFOLK AND PORTSMOUTH BAR ASSOCIATION
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR
ROBERT H POWELL III
KAUFMAN & CANOLES, P.C.
150 W MAIN ST STE 2100
NORFOLK, VA 23510-1609
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
710-NORFOLK CITY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: 03/31/21

SCC ID NO.: 0078658-2

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 checked="" 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: 150 Saint Pauls Blvd Fl 2	ADDRESS:
CITY/ST/ZIP Norfolk, VA 23510-2700	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 checked="" 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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: CHARLES M. LOLLAR	NAME:
TITLE: President	TITLE: Past President
ADDRESS: LOLLAR LAW, PLLC 109 E. MAIN ST., STE 501	ADDRESS:
CITY/ST/ZIP: Norfolk, VA 23510-0000	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

Lamont Maddox, President
PRINTED NAME AND CORPORATE TITLE

2/18/2021
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.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
NORFOLK AND PORTSMOUTH BAR ASSOCIATION

DUE DATE: 03/31/21
SCC ID NO.: 0078658-2

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 checked="" 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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: KRISTAN B BURCH TITLE: Secretary ADDRESS: KAUFMAN & CANOLES, PC 150 W MAIN ST, STE 2100 CITY/ST/ZIP: Norfolk, VA 23510-0000</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: Treasurer 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 the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JOHN F SAWYER TITLE: Treasurer ADDRESS: WOLCOTT RIVERS GATES ATTY AT LAW 200 BENDIX RD, STE 300 CITY/ST/ZIP: VIRGINIA BEACH, VA 23452-000</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: President Elect 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 the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: LAMONT MADDOX TITLE: PRESIDENT ELECT ADDRESS: GUIDANCE LAW FIRM PC 440 MONTICELLO AVE STE 1834 CITY/ST/ZIP: Norfolk, VA 23510-0000</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: President 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 the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CARYN WEST TITLE: PAST PRESIDENT ADDRESS: PARKS ZEIGLER, PLLC 4768 EUCLID RD, STE 103 CITY/ST/ZIP: VIRGINIA BEACH, VA 23462-0000</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Tameeka M. Williams TITLE: Secretary ADDRESS: Legal Aid Society of Eastern Virginia 125 St. Paul's Boulevard, Suite 400 CITY/ST/ZIP: Norfolk, VA 23510</p>



2021 ANNUAL REPORT CONTINUED

CORPORATION NAME: Norfolk and Portsmouth Bar Association
SCC ID NO.: 0078658-2

DIRECTORS AND PRINCIPAL OFFICERS (continued):

<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Anne G. Bibeau TITLE: Director ADDRESS: Vandeventer Black 101 W. Main St., 500 World Trade Ctr. CITY/ST/ZIP: Norfolk, VA 23510</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Rachel E. VanHorn TITLE: Director ADDRESS: Glasser and Glasser, P.L.C. 580 East Main Street, Suite 600 CITY/ST/ZIP: Norfolk, VA 23510</p>
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Jamilah D. LeCruise TITLE: Director ADDRESS: The Law Office of J.D. LeCruise 555 East Main Street, Suite 1106 CITY/ST/ZIP: Norfolk, VA 23510</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Jason E. Ohana TITLE: Director ADDRESS: Wilcox & Savage, P.C. 440 Monticello Avenue, Suite 2200 CITY/ST/ZIP: Norfolk, VA 23510</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Kellam T. Parks TITLE: Director ADDRESS: Parks Zeigler, PLLC 4768 Euclid Road, Suite 103 CITY/ST/ZIP: Virginia Beach, VA 23462</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Cartwright Rixey Reilly TITLE: Director ADDRESS: Williams Mullen 222 Central Park Avenue, Suite 1700 CITY/ST/ZIP: Virginia Beach, VA 23462</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>