

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 00307215  
Filing Number: 2103263080106  
Filing Date/Time: 03/26/2021 12:08 PM  
Effective Date/Time: 03/26/2021 12:08 PM



1. CORPORATION NAME:  
THE JUNIOR LEAGUE OF NORFOLK-VIRGINIA BEACH, INCORPORATED
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
HUGH L PATTERSON  
Willcox & Savage PC  
440 Monticello Ave. Ste 2200  
Norfolk, VA 23510-0000

DUE DATE: **02/28/21**

SCC ID NO.: **0030721-5**

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
710-NORFOLK CITY
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 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: 419 S Lynnhaven Rd Ste 111	ADDRESS:
CITY/ST/ZIP Virginia Beach, VA 23452-6653	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.

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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 type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: AMANDA LLOYD TITLE: President ADDRESS: 830 MAURY AVE CITY/ST/ZIP: Portsmouth, VA 23703-0000	NAME: ERIN RICE TITLE: PRESIDENT ADDRESS: 4965 DEER Path Road CITY/ST/ZIP: Suffolk, Virginia 23437

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

Kerry Stolz  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Kerry Stolz, Treasurer  
PRINTED NAME AND CORPORATE TITLE

3/14/2021  
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:  
 THE JUNIOR LEAGUE OF NORFOLK-VIRGINIA BEACH, INCORPORATED

DUE DATE: **02/28/21**  
 SCC ID NO.: **0030721-5**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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Mark appropriate box unless area below is blank: <input checked="" 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 checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: BRITTANY LAVALLEUR TITLE: Secretary ADDRESS: 912 WOODMARK CT CITY/ST/ZIP: VIRGINIA BEACH, VA 23452-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Brittany Lavalleur TITLE: Secretary ADDRESS: 912 Woodmark Ct CITY/ST/ZIP: Virginia Beach, VA 23452
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 type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: KATHRYN GREEN TITLE: Treasurer ADDRESS: 102 THALIA RD CITY/ST/ZIP:	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: KERRY STOLZ TITLE: TREASURER ADDRESS: 444 Honey Locust Way CITY/ST/ZIP: Chesapeake, VA 23320
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	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 type="checkbox"/> NAME: ERIN RICE TITLE: PRESIDENT-ELECT ADDRESS: 4965 DEER PATH RD CITY/ST/ZIP: SUFFOLK, VA 23437-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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 type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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