



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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 00369348  
Filing Number: 2104123140754  
Filing Date/Time: 04/12/2021 01:36 PM  
Effective Date/Time: 04/12/2021 01:36 PM



1. CORPORATION NAME:  
JAMES RIVER COUNTRY CLUB OF NEWPORT NEWS, INCORPORATED
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
HERBERT V. KELLY, JR.  
701 TOWN CENTER DRIVE  
SUITE 800  
NEWPORT NEWS, VA 23606-0000

DUE DATE: **04/30/21**

SCC ID NO.: **0036934-8**

5. TOTAL NUMBER OF AUTHORIZED SHARES: 25,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
700-NEWPORT NEWS 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 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: 1500 Country Club Rd	ADDRESS:
CITY/ST/ZIP Newport News, VA 23606-2840	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 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: JEFFREY VERHOEF	NAME:
TITLE: President	TITLE:
ADDRESS: 309 PARK PLACE	ADDRESS:
CITY/ST/ZIP: NEWPORT NEWS, VA 23601-0000	CITY/ST/ZIP:

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

Kathleen Deryder      Kathleen Deryder sec/treasurer      4-8-2021  
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.

## 2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:

JAMES RIVER COUNTRY CLUB OF NEWPORT NEWS, INCORPORATED

DUE DATE: **04/30/21**

SCC ID NO.: **0036934-8**

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 style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: LINDSEY CARNEY SMITH          TITLE: Vice President          ADDRESS: 209 HILTON TERRACE          CITY/ST/ZIP: NEWPORT NEWS, VA 23601-0000</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 style="text-align: center;">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 style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: KATHLEEN N. DERYDER          TITLE: SEC/TREAS          ADDRESS: 127 SARAZEN COURT          CITY/ST/ZIP: NEWPORT NEWS, VA 23602-0000</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 style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
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