

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00627406
Filing Number: 2107193470460
Filing Date/Time: 07/19/2021 11:02 AM
Effective Date/Time: 07/19/2021 11:02 AM



1. CORPORATION NAME:
GLASGOW LIFE SAVING AND FIRST AID CREW, INCORPORATED
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR
LARRY MAYO
PO BOX 421
GLASGOW, VA 24555-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
163-ROCKBRIDGE COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

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

SCC ID NO.: **0062740-6**

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: 710 MCCULLOUGH ST PO BOX 421	ADDRESS:
CITY/ST/ZIP GLASGOW, VA 24555-0000	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 checked="" 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 checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: LARRY MAYO	NAME:
TITLE: President	TITLE:
ADDRESS: PO BOX 57	ADDRESS:
CITY/ST/ZIP: NATURAL BRIDGE STATION, VA 24579-	CITY/ST/ZIP:

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

Larry Mayo
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

LARRY MAYO, PRESIDENT
PRINTED NAME AND CORPORATE TITLE

7/14/2021
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.

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2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
 GLASGOW LIFE SAVING AND FIRST AID CREW, INCORPORATED

DUE DATE: **04/30/21**
 SCC ID NO.: **0062740-6**

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.

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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TERESA JOHNSON TITLE: Vice President ADDRESS: 230 CAVE MOUNTAIN LAKE ROAD CITY/ST/ZIP: NATURAL BRIDGE STA, VA 24579-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: <i>Jollette Williams</i> TITLE: <i>Vice President</i> ADDRESS: <i>696 Forest Oaks Rd</i> CITY/ST/ZIP: <i>NATURAL BRIDGE STATION VA 24579</i>
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: SHERI WILCOX TITLE: Secretary ADDRESS: 1002 ANDERSON ST CITY/ST/ZIP: GLASGOW, VA 24553-0000	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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: ROGER FUNKHOUSER TITLE: Treasurer ADDRESS: POB 612 CITY/ST/ZIP: GLASGOW, VA 24555-0000	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 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 checked="" type="checkbox"/> NAME: JOLLETTE WILLIAMS TITLE: CAPTAIN ADDRESS: 110 E 30TH ST CITY/ST/ZIP: BUENA VISTA, VA 24416-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: <i>Sheri Wilcox</i> TITLE: <i>CAPTAIN</i> ADDRESS: <i>1002 Anderson St.</i> CITY/ST/ZIP: <i>GLASGOW VA 24555</i>

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