

2021 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

 CORPORATION NAME: NEW LONDON CLUB HOUSE CORPORATION

DUE DATE: 08/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR

SCC ID NO .: 0075765-8

JAMES W. DALTON, SR. 84 CHARLDON RD LYNCHBURG, VA 24502-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES:

CITY OR COUNTY OF VA REGISTERED OFFICE: 031-CAMPBELL COUNTY

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:

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: 12411 EAST LYNCHBURG STATION TURNPIKE	ADDRESS:
CITY/ST/ZIP FOREST, VA 24551-0000	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: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Delete information Information is correct Information is incorrect ☐ Correction ☐ Addition ☐ Replacement OFFICER X DIRECTOR X OFFICER DIRECTOR S NAME: JAMES W. DALTON SIZ. NAME: RUCKER A TIBBS JR TITLE: PRESIDENT - SEC. TITLE: President ADDRESS: 84 Charlon RD. ADDRESS: 1328 WILLAR MANOR LANE CITY/ST/ZIP: Lywer BURg, UA. 24501-5160 CITY/ST/ZIP: FOREST, VA 24551-0000

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



PRINTED NAME AND CORPORATE TITLE

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

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer.
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate
☐ Information is incorrect ☐ Delete information	box and enter information below: Correction Addition Replacement
OFFICER DIRECTOR	OFFICER DIRECTOR
NAME: JOHN B. HARRIS JR.	NAME:
TITLE: Vice President	TITLE:
ADDRESS: 143 JEFFERSON MANOR DRIVE	ADDRESS:
CITY/ST/ZIP: FOREST, VA 24551-0000	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate
☐ Information is correct ☐ Information is incorrect ☒ Delete information	box and enter information below: Correction Addition Replacement
OFFICER X DIRECTOR X	OFFICER DIRECTOR D
NAME: JAMES W DALTON SR	NAME: BRENDA M. TIBBS
TITLE: T/S	TITLE: TREAS DIRECTOR
ADDRESS: 84 CHARLDON RD	ADDRESS: 1328 WILLARD MANOR LANE
CITY/ST/ZIP: LYNCHBURG, VA 24501-5160	CITY/ST/ZIP: FOREST, VA. 2455)-
	/
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate
Mark appropriate box unless area below is blank: ▼ Information is correct □ Information is incorrect □ Delete information	
	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
M Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement OFFICER DIRECTOR
Mormation is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR MORE: PATRICK W DALTON	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME:
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: PATRICK W DALTON TITLE:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE:
Mormation is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR NAME: PATRICK W DALTON TITLE: ADDRESS: 464 MOORMAN MILL ROAD	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS:
Mamber Mark appropriate box unless area below is blank: □ Delete information □ Delete infor	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
Mame: Patrick w Dalton NAME: Patrick w Dalton Title: ADDRESS: 464 MOORMAN MILL ROAD City/St/Zip: Rustburg, VA 24588- Mark appropriate box unless area below is blank: Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR
Mark appropriate box unless area below is blank: Mark appropriate box unless area below is blank: Mark appropriate box unless area below is blank: Mark appropriate box unless area below is blank: Mark appropriate box unless area below is blank: Mark appropriate box unless area below is blank: Mark appropriate box unless area below is blank: Delete information Delete	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
OFFICER DIRECTOR NAME: PATRICK W DALTON TITLE: ADDRESS: 464 MOORMAN MILL ROAD CITY/ST/ZIP: Rustburg, VA 24588- Mark appropriate box unless area below is blank: Information is correct Delete information OFFICER DIRECTOR NAME: JANET WHITEHEAD	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR

