

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

21309.4762--6/3/2013

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213094762

1. CORPORATION NAME:
J-M CLUB, INCORPORATED

DUE DATE: 05/31/13

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
MARY H NYE

SCC ID NO.: 0049203-3

J-M CLUB INC
113 E GRIGG AVE
JARRATT, VA 23867

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
140-GREENSVILLE COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

5. STOCK INFORMATION

CLASS	AUTHORIZED

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: 113 E GRIGG AVENUE	ADDRESS:
CITY/ST/ZIP JARRATT, VA 23867	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 checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: HORACE W HARRELL	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 26663 GRIZZARD RD	ADDRESS:
CITY/ST/ZIP: JARRATT, VA 23867	CITY/ST/ZIP:

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

Mary H. Nye
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

MARY H NYE
PRINTED NAME AND CORPORATE TITLE

5/29/13
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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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: WILLIAM H NUNNALLY TITLE: VICE PRESIDENT ADDRESS: 310 LINCOLN AVE CITY/ST/ZIP: JARRATT, VA 23867	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MARY HARRISON NYE TITLE: S/T ADDRESS: 113 E GRIGG AVENUE CITY/ST/ZIP: JARRATT, VA 23867	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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"/> NAME: GILBERT LEE RAWLINGS TITLE: DIRECTOR ADDRESS: 90 SMOKEY ORDINARY RD CITY/ST/ZIP: EMPORIA, VA 23847	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:

