

**2019 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

219047253--3/11/2019

219047253



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
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
181-ROCKBRIDGE COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA
5. TOTAL NUMBER OF AUTHORIZED SHARES:

DUE DATE: 04/30/19

SCC ID NO.: 0062740-6

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

0014217



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

3/5/19
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.

2019 ANNUAL REPORT CONTINUED

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INCORPORATED

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TERESA JOHNSON TITLE: VICE PRESIDENT ADDRESS: 230 CAVE MOUNTAIN LAKE ROAD CITY/ST/ZIP: NATURAL BRIDGE STA, VA 24579</p>	<p>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 checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</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>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ROGER FUNKHOUSER TITLE: TREASURER ADDRESS: POB 612 CITY/ST/ZIP: GLASGOW, VA 24555</p>	<p>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 checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</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>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ROBERT HICKMAN TITLE: CAPTAIN ADDRESS: 823 STONER HOLLOW RD CITY/ST/ZIP: NATURAL BRIDGE STA, VA 24579</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Jollette Williams</i> TITLE: <i>CAPTAIN</i> ADDRESS: <i>110 E 30TH ST.</i> CITY/ST/ZIP: <i>BUENA VISTA VA 24416</i></p>
<p>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</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>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: SHERI WILCOX TITLE: SECRETARY ADDRESS: 1002 ANDERSON ST CITY/ST/ZIP: GLASGOW, VA 24553</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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