

2019 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

219152736--10/24/20

219152736



1. CORPORATION NAME:

Virginia Automotive Association

DUE DATE: 12/31/19

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.

STEVE AKRIDGE  
17656 WYNSTONE PARK LANE  
MOSELEY, VA 23120

SCC ID NO.: 0106758-6

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

120-CHESTERFIELD 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:

<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: 17656 WYNSTONE PARK LANE  CITY/ST/ZIP MOSELEY, VA 23120	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 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: STEVE AKRIDGE TITLE: EXEC. DIRECTOR ADDRESS: 17656 WYNSTONE PARK LA CITY/ST/ZIP: MOSELEY, VA 23120	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0007726



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

Steve Akridge  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Steve Akridge, Executive Director  
PRINTED NAME AND CORPORATE TITLE

10/22/19  
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.

CORPORATION NAME:  
Virginia Automotive Association

DUE DATE: 12/31/19  
SCC ID NO.: 0106758-6

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.

<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input checked="" 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 checked="" type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: BRENDA CARPENTER                  TITLE: DIRECTOR                  ADDRESS: 14398 WARDS ROAD                  CITY/ST/ZIP: LYNCHBURG, VA 24502</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: Ron Justice                  TITLE: Director                  ADDRESS: PO Box 10247                  CITY/ST/ZIP: Lynchburg, VA 24508</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input checked="" 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 checked="" type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: BOBBY CUTCHINS                  TITLE: DIRECTOR                  ADDRESS: PO BOX 574                  CITY/ST/ZIP: FRANKLIN, VA 23851</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: Robby Cutchins                  TITLE: Director                  ADDRESS: PO Box 574                  CITY/ST/ZIP: Franklin, VA 23851</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>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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: TOM JONES                  TITLE: DIRECTOR                  ADDRESS: PO BOX 2246                  CITY/ST/ZIP: STAUNTON, VA 24402</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>                  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 checked="" 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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>                  NAME: TERRY WESTHAFFER                  TITLE: DIRECTOR                  ADDRESS: BOX 901                  CITY/ST/ZIP: VERONA, VA 24482</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>                  NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>



NAME: KIM TAYLOR OFFICER\_\_\_ DIRECTOR\_X\_  
TITLE: DIRECTOR  
ADDRESS: 16429 JEFF DAVIS HWY  
CITY/ST/ZIP: COLONIAL HEIGHTS, VA 23834

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NAME: BILL HOAL OFFICER\_X\_\_ DIRECTOR X\_\_  
TITLE: DIRECTOR  
ADDRESS: 4248 PATTERSON AVE SW  
CITY/ST/ZIP: ROANOKE, VA 24016

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NAME: ANDREA ELLETT OFFICER\_\_\_ DIRECTOR\_X\_  
TITLE: DIRECTOR  
ADDRESS: 18209 RICHMOND TURNPIKE  
CITY/ST/ZIP: MILFORD, VA 22514

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NAME: STEVE CRAWFORD OFFICER\_\_\_ DIRECTOR\_X\_  
TITLE: DIRECTOR  
ADDRESS: 441 HOOVER RD  
CITY/ST/ZIP: WOODSTOCK, VA 22664

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NAME: JERRY TATUM OFFICER\_X\_\_ DIRECTOR\_X\_  
TITLE: SECRETARY/TREASURER  
ADDRESS: PO BOX 601  
CITY/ST/ZIP: PETERSBURG, VA 23803

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NAME: CLINT FARRAR OFFICER\_\_\_ DIRECTOR\_X\_  
TITLE: DIRECTOR  
ADDRESS: 4510 CAROLINA AVE  
CITY/ST/ZIP: RICHMOND, VA 23222

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NAME: JOHN KLINE OFFICER\_X\_\_ DIRECTOR\_X\_  
TITLE: PRESIDENT  
ADDRESS: PO BOX 4057  
CITY/ST/ZIP: MIDLOTHIAN, VA 23112

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NAME: MIKE SCAGLIONE OFFICER\_\_\_ DIRECTOR\_X\_  
TITLE: DIRECTOR  
ADDRESS: 5288 PRINCESS ANNE RD  
CITY/ST/ZIP: VA. BEACH, VA 23462

NAME: CHRIS BARNETT OFFICER\_X\_\_ DIRECTORX\_\_  
 TITLE: PRESIDENT ELECT  
 ADDRESS: 311 BRIDGEWATER ST  
 CITY/ST/ZIP: FREDERICKSBURG, VA 22401

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NAME: LARRY WILLIAMS OFFICER\_\_ DIRECTOR\_X\_  
 TITLE: DIRECTOR  
 ADDRESS: 8458 SEMINOLE TRAIL STE 7  
 CITY/ST/ZIP: RUCKERSVILLE, VA 22968

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NAME: MARK ANDERTON OFFICER\_\_ DIRECTORX\_  
 TITLE: DIRECTOR  
 ADDRESS: 2900 SHORE DRIVE  
 CITY/ST/ZIP: VA BEACH, VA 23451

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NAME: JAKE PALMER OFFICER \_\_ DIRECTOR\_X\_  
 TITLE: DIRECTOR  
 ADDRESS: 1962 RUFFIN MILL ROAD  
 CITY/ST/ZIP: COLONIAL HEIGHTS, VA 23834

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NAME: MIKE FORTUNE OFFICER\_\_ DIRECTOR\_X\_  
 TITLE: DIRECTOR  
 ADDRESS: 116 TURNER RD  
 CITY/ST/ZIP: RICHMOND, VA 23225

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NAME: ANDY REED OFFICER\_\_ DIRECTOR\_X\_  
 TITLE: DIRECTOR  
 ADDRESS: 800 SOUTHLAKE BLVD.  
 CITY/ST/ZIP: RICHMOND, VA 23236

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NAME: ST BILLINGSLEY OFFICER\_\_ DIRECTOR\_X\_  
 TITLE: DIRECTOR  
 ADDRESS: 2603 HANCO CENTER DR  
 CITY/ST/ZIP: WOODBRIDGE, VA 22191

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NAME: OFFICER\_\_ DIRECTOR\_\_  
 TITLE:  
 ADDRESS:  
 CITY/ST/ZIP:

NAME: OFFICER\_\_ DIRECTOR\_\_  
 TITLE:  
 ADDRESS:  
 CITY/ST/ZIP:

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