

**2020 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: F1918822  
Filing Number: 200109222528  
Filing Date/Time: 01/09/2020 03:34 PM  
Effective Date/Time: 01/09/2020 03:34 PM



1. CORPORATION NAME:  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE  
CHESAPEAKE, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY  
COGENCY GLOBAL INC.  
250 Browns Hill Ct  
Midlothian, VA 23114-9510
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
120-CHESTERFIELD COUNTY
4. STATE OR COUNTRY OF INCORPORATION:  
MD-MARYLAND

DUE DATE: **01/31/20**

SCC ID NO.: **F191882-2**

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: 111-1 E. DOVER ST	ADDRESS:
CITY/ST/ZIP EASTON, MD 21601	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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: BLENDA ARMISTEAD	NAME:
TITLE: TREASURER	TITLE:
ADDRESS: 1114 E. DOVER RD.	ADDRESS:
CITY/ST/ZIP: EASTON, MD 21601	CITY/ST/ZIP:

0001044



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

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

Heather D. Moore CFO  
PRINTED NAME AND CORPORATE TITLE

1/3/2020  
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.

**2020 ANNUAL REPORT CONTINUED**

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 Entity ID: F1918822  
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CORPORATION NAME:  
 YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE  
 CHESAPEAKE, INC.

DUE DATE: 01/15/20  
 SCC ID NO.: F191882-2

**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 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"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: LYNN HUTCHINSON TITLE: SECRETARY ADDRESS: 111-1 E. DOVER ST. CITY/ST/ZIP: EASTON, MD 21601	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"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: KENNY KREISER TITLE: VICE CHF VOL OF ADDRESS: 111-1 E. DOVER ST. CITY/ST/ZIP: EASTON, MD 21601	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"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: WILLIAM MCCAIN TITLE: CHF VOL OFFICER ADDRESS: 111-1 E. DOVER ST. CITY/ST/ZIP: EASTON, MD 21601	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 type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: HEATHER MOORE TITLE: CFO ADDRESS: 1111 E. DOVER STREET CITY/ST/ZIP: EASTON, MD 21601	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0001044

