

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00307215
Filing Number: 200226387090
Filing Date/Time: 02/26/2020 03:05 PM
Effective Date/Time: 02/26/2020 03:05 PM



1. CORPORATION NAME:

THE JUNIOR LEAGUE OF NORFOLK-VIRGINIA BEACH,
INCORPORATED

DUE DATE: **02/29/20**

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

HUGH L PATTERSON
Willcox & Savage PC
440 Monticello Ave. Ste 2200
Norfolk, VA 23510

SCC ID NO.: **0030721-5**

5. TOTAL NUMBER OF AUTHORIZED
SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

212-NORFOLK CITY

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: PO BOX 956	ADDRESS: 419 S. Lynnhaven Rd Suite 111
CITY/ST/ZIP NORFOLK, VA 23501	CITY/ST/ZIP Virginia Beach, VA 23452

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.

0010775



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	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" 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 checked="" type="checkbox"/>
NAME: AMANDA LLOYD	NAME:
TITLE: PRES ELECT	TITLE: President
ADDRESS: 830 MAURY AVE	ADDRESS:
CITY/ST/ZIP: NORFOLK, VA 23703	CITY/ST/ZIP:

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

KATHRYN GREEN, TREASURER
PRINTED NAME AND CORPORATE TITLE

2/23/2020
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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OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TIFFANY WILLIAMS TITLE: PRESIDENT ADDRESS: 3816 B HOLSTON RIVER REACH CITY/ST/ZIP: PORTSMOUTH, VA 23703	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: ERIN RICE TITLE: President-Elect ADDRESS: 4965 DEER PATH RD CITY/ST/ZIP: SUFFOLK, VA 23437
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	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
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: ANNA MARIE PEGEL TITLE: ADMIN VP ADDRESS: 1240 WESTOVER AVE APT 10 CITY/ST/ZIP: NORFOLK, VA 23507	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: BRITANNY LAVAILLEUR TITLE: SECRETARY ADDRESS: 912 WOODMARK CT CITY/ST/ZIP: VIRGINIA BEACH, VA 23452
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	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
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: STEPHANIE KING TITLE: TREASURER ADDRESS: 1108 RED BAY LANE CITY/ST/ZIP: CHESAPEAKE, VA 23322	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: KATHRYN GREEN TITLE: TREASURER ADDRESS: 102 THALIA RD CITY/ST/ZIP: VIRGINIA BEACH, VA 23452
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