

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00786582
Filing Number: 200304418854
Filing Date/Time: 03/04/2020 04:45 PM
Effective Date/Time: 03/04/2020 04:45 PM

1. CORPORATION NAME:
NORFOLK AND PORTSMOUTH BAR ASSOCIATION DUE DATE: 03/31/20
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR SCC ID NO.: 0078658-2
ROBERT H POWELL III
KAUFMAN & CANOLES, P.C.
150 W MAIN ST STE 2100
NORFOLK, VA 23510-1609
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
710-NORFOLK CITY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia
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.

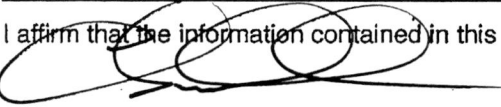
6. PRINCIPAL OFFICE ADDRESS:

<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: CITY OF NORFOLK COURTHOUSE 150 ST PAUL'S BLVD 2ND FLOOR	ADDRESS:
CITY/ST/ZIP NORFOLK, VA 23510-0000	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 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: CARYN WEST	NAME: Caryn West
TITLE: President	TITLE: Past President
ADDRESS: 780 LYNNHAVEN PKWY., STE. 140	ADDRESS: Parks Zeigler, PLLC 4768 Euclid Road, Suite 103
CITY/ST/ZIP: VIRGINIA BEACH, VA 23452-0000	CITY/ST/ZIP: Virginia Beach, VA 23462

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

Charles M. Lolla
PRINTED NAME AND CORPORATE TITLE

2-13-2020
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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 NORFOLK AND PORTSMOUTH BAR ASSOCIATION

DUE DATE: 03/31/20
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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: LAMONT MADDOX TITLE: Treasurer ADDRESS: GUIDANCE LAW FIRM PC 440 MONTICELLO AVE STE 1834 CITY/ST/ZIP: NORFOLK, VA 23510-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: President Elect 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 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 checked="" type="checkbox"/> NAME: KIMBERLY H PHILLIPS TITLE: Secretary ADDRESS: 109 E MAIN ST STE 600 CITY/ST/ZIP: NORFOLK, VA 23510-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Kristan B. Burch TITLE: Secretary ADDRESS: Kaufman & Canoles, PC 150 W. Main Street, Suite 2100 CITY/ST/ZIP: Norfolk, VA 23510
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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: CHARLES M. LOLLAR TITLE: PRES ELECT ADDRESS: LOLLAR LAW, PLLC 109 E: MAIN ST., STE 501 CITY/ST/ZIP: NORFOLK, VA 23510-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: President 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 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JAMES R. HARVEY III TITLE: PAST PRES ADDRESS: VANDEVENTER BLACK,LLP 101 W MAIN STREET, STE. 500 CITY/ST/ZIP: NORFOLK, VA 23510-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: John F. Sawyer TITLE: Treasurer ADDRESS: Wolcott Rivers Gates Attorneys at Law 200 Bendix Road, Suite 300 CITY/ST/ZIP: Virginia Beach, VA 23452

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2020 ANNUAL REPORT CONTINUED

CORPORATION NAME: Norfolk and Portsmouth Bar Association
SCC ID NO.: 0078658-2

DIRECTORS AND PRINCIPAL OFFICERS (continued):

OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: Anne G. Bibeau TITLE: Director ADDRESS: Vandeventer Black 101 W. Main St., 500 World Trade Ctr. CITY/ST/ZIP: Norfolk, VA 23510	NAME: Tameeka M. Williams TITLE: Director ADDRESS: Legal Aid Society of Eastern Virginia 125 St. Paul's Blvd., Suite 400 CITY/ST/ZIP: Norfolk, VA 23510
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: Jamilah D. LeCruise TITLE: Director ADDRESS: The Law Office of J.D. LeCruise 555 East Main Street, Suite 1106 CITY/ST/ZIP: Norfolk, VA 23510	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: Kellam T. Parks TITLE: Director ADDRESS: Parks Zeigler, PLLC 4768 Euclid Road, Suite 103 CITY/ST/ZIP: Virginia Beach, VA 23462	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: Cartwright Rixey Reilly TITLE: Director ADDRESS: Williams Mullen 222 Central Park Avenue, Suite 1700 CITY/ST/ZIP: Virginia Beach, VA 23462	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: Rachel E. VanHorn TITLE: Director ADDRESS: Glasser and Glasser, P.L.C. 580 East Main Street, Suite 600 CITY/ST/ZIP: Norfolk, VA 23510	NAME: TITLE: ADDRESS: CITY/ST/ZIP: