

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 00369348  
Filing Number: 200327493219  
Filing Date/Time: 03/27/2020 02:27 PM  
Effective Date/Time: 03/27/2020 02:27 PM



1. CORPORATION NAME:  
JAMES RIVER COUNTRY CLUB OF NEWPORT NEWS, INCORPORATED
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
HERBERT V. KELLY, JR.  
701 TOWN CENTER DRIVE  
SUITE 800  
NEWPORT NEWS, VA 23606-0000

DUE DATE: **04/30/20**

SCC ID NO.: **0036934-8**

5. TOTAL NUMBER OF AUTHORIZED SHARES: 25,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
700-NEWPORT NEWS 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: 1500 COUNTRY CLUB ROAD	ADDRESS:
CITY/ST/ZIP NEWPORT NEWS, VA 23606-0000	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.

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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: JOHN R. LAWSON, II TITLE: President ADDRESS: 1109 RIVERSIDE DRIVE CITY/ST/ZIP: NEWPORT NEWS, VA 23606-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Jeffrey Verhoef TITLE: President ADDRESS: 309 Park Place CITY/ST/ZIP: Newport News, VA 23601

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

Kathleen DeRyder      Kathleen DeRyder Secretary      3/24/2020  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT      PRINTED NAME AND CORPORATE TITLE      DATE  
Treasurer

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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JAMES RIVER COUNTRY CLUB OF NEWPORT NEWS, INCORPORATED

DUE DATE:

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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: JEFFREY VERHOEF                  TITLE: Vice President                  ADDRESS: 309 PARK PLACE                  CITY/ST/ZIP: NEWPORT NEWS, VA 23601-0000</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Lindsey Carney Smith                  TITLE: Vice President                  ADDRESS: 209 Hilton Terrace                  CITY/ST/ZIP: Newport News, VA 23601</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 type="checkbox"/></p> <p>NAME: KATHLEEN N. DERYDER                  TITLE: SEC/TREAS                  ADDRESS: 127 SARAZEN COURT                  CITY/ST/ZIP: NEWPORT NEWS, VA 23602-0000</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
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