

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

	Lifective Date/Time. 03/21/2020 02.21 TWI
* ***	
CORPORATION NAME:	

JAMES RIVER COUNTRY CLUB OF NEWPORT NEWS, INCORPOR ATED

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

HERBERT V. KELLY, JR. 701 TOWN CENTER DRIVE SUITE 800 **NEWPORT NEWS, VA 23606-0000**

04/30/20 DUE DATE:

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:

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

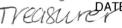
7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER X DIRECTOR X	OFFICER A DIRECTOR
NAME: JOHN R. LAWSON, II	NAME: Jeffrey Verhoef
TITLE: President	TITLE: President
ADDRESS: 1109 RIVERSIDE DRIVE	ADDRESS: 309 Park Place
CITY/ST/ZIP: NEWPORT NEWS, VA 23606-0000	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.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT



2020 ANNUAL REPORT CONTINUED

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State Corporation Commission
Office of the Clerk
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CORPORATION NAME:

JAMES RIVER COUNTRY CLUB OF NEWPORT NEWS, INCORPOR **ATED**

All directors and principal officers must be listed.

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer.
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition
OFFICER X DIRECTOR X	OFFICER DIRECTOR
NAME: JEFFREY VERHOEF	NAME: Lindsey Carney Smith
TITLE: Vice President	TITLE: Vice President
ADDRESS: 309 PARK PLACE	ADDRESS: 209 Hilton Terrace
CITY/ST/ZIP: NEWPORT NEWS, VA 23601-0000	CITY/ST/ZIP: NOWPORT NOWS, VA 23601
Mark appropriate box unless area below is blank: Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER 🗖 DIRECTOR 🗌	OFFICER DIRECTOR
NAME: KATHLEEN N. DERYDER	NAME:
TITLE: SEC/TREAS	TITLE:
ADDRESS: 127 SARAZEN COURT	ADDRESS:
CITY/ST/ZIP: NEWPORT NEWS, VA 23602-0000	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
	box and enter information below:
☐ Information is correct ☐ Information is incorrect ☐ Delete information	box and enter information below: Correction Addition Replacement
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME:	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME:
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE:	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: TITLE:
□ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS:	box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS:
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank:	box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
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