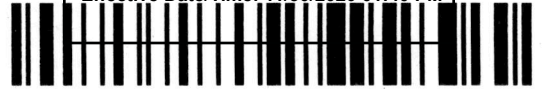


**2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00638270
Filing Number: 2011302646178
Filing Date/Time: 11/30/2020 01:40 PM
Effective Date/Time: 11/30/2020 01:40 PM



1. CORPORATION NAME: CALLAWAY VETERANS HOME, INCORPORATED DUE DATE: 12/31/20
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR SCC ID NO.: 0063827-0
COY L GUILLIAMS
610 BETHANY RD
CALLAWAY, VA 24067-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 067-FRANKLIN COUNTY
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 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: 610 BETHANY ROAD	ADDRESS: 2665 BETHANY ROAD
CITY/ST/ZIP CALLAWAY, VA 24067-0000	CITY/ST/ZIP Boones Mill VA. 24065

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 type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: H. L. WEBB	NAME: H.L. Webb
TITLE: President	TITLE: President
ADDRESS: CUSTER RIDGE ROAD	ADDRESS: 700 Five Mile Mt. Rd
CITY/ST/ZIP: BOONES MILL, VA 24065-0000	CITY/ST/ZIP: CALLAWAY VA. 24067

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

PHILLIP Bowles
CALLAWAY VETERANS HOME INC.
PRINTED NAME AND CORPORATE TITLE

11/24/2020
DATE

0013035



2020 ANNUAL REPORT CONTINUED

CORPORATION NAME:
CALLAWAY VETERANS HOME, INCORPORATED

DUE DATE: **12/31/20**
SCC ID NO.: **0063827-0**

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.

<p>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</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 align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: WILLIAM OTEY BOWLES TITLE: Vice President ADDRESS: 50 HOLLAND RD CITY/ST/ZIP: CALLAWAY, VA 24067-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>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</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 align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: PHILLIP BOWLES TITLE: Secretary ADDRESS: 2061 ALGOMA RD CITY/ST/ZIP: BOONES MILL, VA 24065-0000</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Phillip Bowles</i> TITLE: <i>SECRETARY</i> ADDRESS: <i>2665 BETHANY ROAD</i> CITY/ST/ZIP: <i>BOONES MILL VA 24065</i></p>
<p>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</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 align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: COY LEE GUILLIAMS TITLE: Treasurer ADDRESS: 610 BETHANY ROAD CITY/ST/ZIP: CALLAWAY, VA 24067-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>JIMMY RENICK</i> TITLE: <i>TREASURER</i> ADDRESS: <i>FIVE MILE MT. ROAD</i> CITY/ST/ZIP: <i>CALLAWAY VA 24067</i></p>
<p>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</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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

