

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

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1. CORPORATION NAME:  
Spotsylvania County Lacrosse Club, Inc.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.  
THOMAS E EVANS JR
- 2418 PITTSTON RD
- FREDERICKSBURG, VA 22408
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
188-SPOTSYLVANIA COUNTY
4. STATE OR COUNTRY OF INCORPORATION:  
VA-VIRGINIA

DUE DATE: 08/31/13

SCC ID NO.: 0642539-1

5. STOCK INFORMATION

CLASS	AUTHORIZED

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

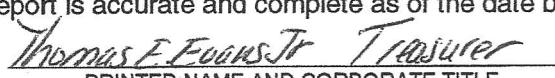
<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 2418 PITTSTON ROAD	ADDRESS:
CITY/ST/ZIP FREDERICKSBURG, VA 22408	CITY/ST/ZIP

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 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 type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: SHAWN CALLAN	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 9201 HOLLY LEAF DRIVE	ADDRESS:
CITY/ST/ZIP: FREDERICKSBURG, VA 22407	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

  
PRINTED NAME AND CORPORATE TITLE

7-8-2013  
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.

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AF002V Rev 15 2/11

# 2013 ANNUAL REPORT CONTINUED

CORPORATION NAME:  
Spotsylvania County Lacrosse Club, Inc.

DUE DATE: 08/31/13  
SCC ID NO.: 0642539-1

## 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.

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	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
<b>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></b>	
NAME: THOMAS E EVANS JR. TITLE: TREASURER ADDRESS: 2418 PITSTON ROAD CITY/ST/ZIP: FREDERICKSBURG, VA 22408	
<b>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></b>	
NAME: THOMAS E EVANS JR. TITLE: TREASURER ADDRESS: 2418 PITSTON ROAD CITY/ST/ZIP: FREDERICKSBURG, VA 22408	
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	
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	
<b>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></b>	
NAME: ROBERT DUFFY TITLE: MEMBER AT LARGE ADDRESS: 8 GREENLAND COURT CITY/ST/ZIP: FREDERICKSBURG, VA 22405	
<b>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></b>	
NAME: ROBERT DUFFY TITLE: MEMBER AT LARGE ADDRESS: 8 GREENLAND COURT CITY/ST/ZIP: FREDERICKSBURG, VA 22405	
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	
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	
<b>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></b>	
NAME: SUZANNE CALLAN TITLE: SECRETARY ADDRESS: 9201 HOLLY LEAF DRIVE CITY/ST/ZIP: FREDERICKSBURG., VA 22407	
<b>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></b>	
NAME: SUZANNE CALLAN TITLE: SECRETARY ADDRESS: 9201 HOLLY LEAF DRIVE CITY/ST/ZIP: FREDERICKSBURG., VA 22407	
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	
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	
<b>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></b>	
NAME: Joseph Pisani TITLE: Vice President ADDRESS: 11301 Keeler Court CITY/ST/ZIP: Fredericksburg, VA 22408	

Addition  
Officer Only

Name: Robert Dudley  
Title: Boys Coordinator  
Address: 212 Washington Street  
City/State/Zip: Locust Grove, VA 22508