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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LRR Stingrays Swimteam	D Employer identification number 26-389-8290
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 6212 Springstone Pkwy	E Telephone number (703) 968-3544
		City or town, state or country, and ZIP + 4 Clifton, VA 20124	F Group Exemption Number ▶

◦ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶ <https://www.teamunify.com/team17>

H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

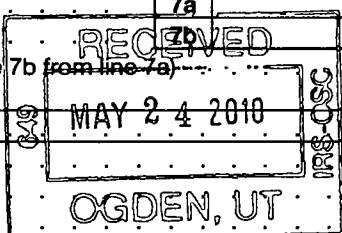
J Tax-exempt status (check only one) - 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 51,718

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																		18,797								
	5b	Less: cost or other basis and sales expenses																		12,450								
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																		6,347								
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>																										
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																		6a								
b	Less: direct expenses other than fundraising expenses																		6b									
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																		6c									
7a	Gross sales of inventory, less returns and allowances																		7a									
b	Less: cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																		7c									
8	Other revenue (describe ▶ _____)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																											
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe ▶ Insurance, Awards, Supplies)																		8,778								
	17	Total expenses. Add lines 10 through 16																										
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																										
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																										
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																										



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	11,837	11,295
23	Land and buildings		
24	Other assets (describe ▶ _____)		811
25	Total assets	11,837	17,106
26	Total liabilities (describe ▶ _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,837	17,106

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? To educate, promote and develop
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	To educate, promote and develop amateur swimming through local swimming competitions. There were 250 swimmers in 2009.		34,000
29			
30			
31	Other program services (attach schedule)		
32	Total program service expenses (add lines 28a through 31a)		34,000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Karen McFarrnie, 6513 Rockford Drive, Clifton VA 20124	Team Representative 10hrs	0	0	0
Debbie Ross, 6616 Rock Crystal Drive, Clifton 20124	Asst. Team Representative 10hrs	0	0	0
Paul Grecco, 13645 Melstone Dr Clifton VA 20124	Recording Secretary 8hrs	0	0	0
Margot Post, 13625 Union Village Circle, Clifton VA 20124	Recording Secretary 4hrs	0	0	0
Clay Worley, 6619 Rock Town Drive, Clifton VA 20124	Treasurer 10hrs	0	0	0
Kris Marshall, 6623 Springside Place, Clifton VA 20124	Treasurer 8hrs	0	0	0
Pat Daily, 6625 Sandstone Way Clifton VA 20124	Concessions Dir 10hrs	0	0	0
Kenneth Anderson, 6680 Otter Run Ct, Clifton VA 20124	Officials Director 2	0	0	0
Skip Post, 13625 Union Village Circle, Clifton VA 20124	Registration Director 2	0	0	0
Debbie Denton, 6601 Maple Run Ct, Clifton VA 20124	Registration Director 2	0	0	0
Kathy Larotta, 6516 Rockford Drive, Clifton VA 20124	Table Workers Dir 2	0	0	0
Steven Hubchen, 13601 Mass Glen Road, Clifton VA 20124	Volunteers Dir 2	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>Kristine Marshall</u> Telephone no. ▶ <u>703-968-3541</u> Located at ▶ <u>6212 SpringStone Place, Clifton VA</u> ZIP + 4 ▶ <u>20124</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Kristine P. Marshall Date 5/15/10
 Signature of officer
Kristine Marshall, Treasurer, Director
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's identifying number (See instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▷	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					33,685	33,685
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					18,797	18,797
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					52,482	52,482
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					2,900	2,900
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					-	-
c Add lines 7a and 7b						2,900
8 Public support (Subtract line 7c from line 6.)						49,582

Section B. Total Support

Calendar year (or fiscal year beginning in) ▷	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					52,482	52,482
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					52,482	52,482
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▷
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▷
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▷

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

SCC635/834
(07/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE
AND/OR REGISTERED AGENT

1 Corporation's Name Corporation's SCC ID#: 0703267 - 5

LRR Stingrays Swim Team Inc.

2 Current registered agent's name and registered office address on record:

CLAY WORLEY

100505 1012

6619 ROCK LAWN DR

CLIFTON, VA 20124

Fully complete items 3, 4 and 5, even if some information remains unchanged.

3 Registered agent's name and registered office address, including the street and number, if any, after this statement is filed with the Commission

Kris Marshall
6212 Springstone Place
Clifton, VA 20124

4 The registered agent named in item 3 is (mark appropriate box):

(A) an individual who is a resident of Virginia and

- an officer of the corporation _____ (title)
- a director of the corporation
- a member of the Virginia State Bar

OR

(B) a domestic or foreign stock or nonstock corporation, limited liability company or registered limited liability partnership authorized to transact business in Virginia

5 Locality of registered office

(A) Current registered office locality: FAIRFAX COUNTY

(B) Registered office locality after this statement is filed county or city of Fairfax

6 After the foregoing change(s) is (are) made, the corporation will be in compliance with the requirements of § 13.1-634 or § 13.1-833 of the Code of Virginia, as the case may be

7 (A) The undersigned chairman or vice-chairman of the board of directors or corporate officer executes this statement on behalf of the corporation

5/14/10
(date)

Karen McCrane
(signature)

Karen McCrane
(printed name and title)

OR

(B) (May be used in lieu of (A) only for the circumstances set forth in the Instructions)

The undersigned registered agent declares that a copy of this statement has been mailed to the corporation named in item 1, above

(date)

(signature of registered agent)

SEE INSTRUCTIONS

Team Representative,
Director

**2009 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



① CORPORATION NAME
LRR Stingrays Swim Team Inc.

DUE DATE: 12/31/09

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS DIR.
CLAY WORLEY

SCC ID NO : 0703267-5

6619 ROCK LAWN DR

⑤ STOCK INFORMATION

CLIFTON, VA 20124

CLASS	AUTHORIZED

③ CITY OR COUNTY OF VA REGISTERED OFFICE
129-FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ① is blank or incorrect, you must add or change the principal office address where indicated. If item ② is blank or incorrect, you must add or change the director and officer information where indicated.

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: CITY/ST/ZIP	ADDRESS: 6212 Springstone Place CITY/ST/ZIP Clifton, VA, 20124

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 checked="" type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: PAUL GRECO TITLE: SECRETARY ADDRESS: 6619 ROCK LAWN DR CITY/ST/ZIP: CLIFTON, VA 22033	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: Margot Yost TITLE: Secretary ADDRESS: 6212 Springstone Place CITY/ST/ZIP: Clifton VA 20124

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE

Karen McCrane Team Representative 12/26/09
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE DATE
Karen McCrane, Director

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing

2009 ANNUAL REPORT CONTINUED

CORPORATION NAME
LRR Stingrays Swim Team Inc

DUE DATE: 12/31/09
SCC ID NO.: 0703267-5

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

⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued).

<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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: KAREN MCCRANIE TITLE: DIRECTOR ADDRESS: 6619 ROCK LAWN DR CITY/ST/ZIP: CLIFTON COUNTY, VA 22033</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Karen McCranie TITLE: Director ADDRESS: 6212 Springstonk Place CITY/ST/ZIP: Clifton VA 20124</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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DEBBIE ROSS TITLE: DIRECTOR ADDRESS: 6619 ROCK LAWN DR CITY/ST/ZIP: CLIFTON, VA 22033</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Debbie Ross TITLE: Director ADDRESS: 6212 Springstonk Place CITY/ST/ZIP: Clifton VA 20124</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>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>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 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 type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>