

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



1. CORPORATION NAME:

TIDEWATER CHAPTER OF THE VIRGINIA SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS, INC.

DUE DATE: **07/31/14**

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

DAVID M BASTIAANS
CONVERGENCE CENTER IV
301 BENDIX RD STE 500
VIRGINIA BEACH, VA 23452

SCC ID NO.: **0343698-7**

5. STOCK INFORMATION

CLASS	AUTHORIZED

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

228-VIRGINIA BEACH 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 checked="" 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: PO BOX 418	ADDRESS:
CITY/ST/ZIP NORFOLK, VA 23501	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 checked="" 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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: DAVID M BASTIAANS	NAME:
TITLE: DIRECTOR	TITLE:
ADDRESS: WOLCOTT, RIVERS, ET AL 301 BENDIX ROAD, STE 500	ADDRESS:
CITY/ST/ZIP: VA BEACH, VA 23452	CITY/ST/ZIP:

0009655



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

	Angela Tumwa, President	/ /2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.

2014 ANNUAL REPORT CONTINUED

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**TIDEWATER CHAPTER OF THE VIRGINIA SOCIETY OF
 CERTIFIED PUBLIC ACCOUNTANTS, INC.**

DUE DATE: **07/31/14**
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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MARSHA R HAHN TITLE: DIRECTOR ADDRESS: PO BOX 3392 CITY/ST/ZIP: HAMPTON, VA 23663	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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	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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DENEEN M KEEGAN TITLE: DIRECTOR ADDRESS: DIXON HUGHES GOODMAN LLP 272 BENDIX ROAD CITY/ST/ZIP: VIRGINIA BEACH, VA 23452	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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	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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: A DIANE REED TITLE: DIRECTOR ADDRESS: CHRISTOPHER NEWPORT UNIVERSITY 1 UNIVERSITY PL CITY/ST/ZIP: NEWPORT NEWS, VA 23606	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" 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 type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: RANDALL R SPURRIER TITLE: DIRECTOR ADDRESS: OLD DOMINION UNIVERSITY CITY/ST/ZIP: NORFOLK, VA 23529	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0009655

