

**2018 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**



**1. CORPORATION NAME:**

Tidewater Chapter of the Virginia Society of  
Certified Public Accountants, Inc.

**DUE DATE: 07/31/18**

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

DAVID M BASTIAANS  
200 BENDIX ROAD SUITE 300  
VIRGINIA BEACH, VA 23452

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

**5. TOTAL NUMBER OF AUTHORIZED SHARES:**

**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 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: P. O. Box 418
CITY/ST/ZIP NORFOLK, VA 23501	CITY/ST/ZIP Norfolk, VA 23501-0418

**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 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 checked="" type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: KEVIN STEWART	NAME: Jackie Fox
TITLE: PRESIDENT	TITLE: Treasurer
ADDRESS: 813 N LYNNHAVEN ROAD	ADDRESS: 811 Redgate Avenue
CITY/ST/ZIP: VA BEACH, VA 23452	CITY/ST/ZIP: Norfolk, VA 23507-1515

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

*Nicole J. Wood-Sabo*

Nicole J. Wood-Sabo, President

7 20/2018

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.

**2018 ANNUAL REPORT CONTINUED**

**CORPORATION NAME:**  
Tidewater Chapter of the Virginia Society of  
Certified Public Accountants, Inc.

**DUE DATE:** 07/31/18  
**SCC ID NO.:** 0343698-7

**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 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 align="center">OFFICER    <input checked="" type="checkbox"/> DIRECTOR    <input checked="" type="checkbox"/></p> <p><b>NAME:</b> NICOLE J WOOD-SABO <b>TITLE:</b> SECRETARY <b>ADDRESS:</b> 150 BOUSH STREET SUITE 100 <b>CITY/ST/ZIP:</b> NORFOLK, VA 23510</p>	<p align="center">OFFICER    <input checked="" type="checkbox"/> DIRECTOR    <input checked="" type="checkbox"/></p> <p><b>NAME:</b> Nicole J. Wood-Sabo <b>TITLE:</b> President <b>ADDRESS:</b> 150 Boush Street, Suite 1100 <b>CITY/ST/ZIP:</b> Norfolk, VA 23510-1626</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input checked="" 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 checked="" type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER    <input type="checkbox"/> DIRECTOR    <input checked="" type="checkbox"/></p> <p><b>NAME:</b> MARSHA R HAHN <b>TITLE:</b> DIRECTOR <b>ADDRESS:</b> PO BOX 3392 <b>CITY/ST/ZIP:</b> HAMPTON, VA 23663</p>	<p align="center">OFFICER    <input checked="" type="checkbox"/> DIRECTOR    <input checked="" type="checkbox"/></p> <p><b>NAME:</b> Debbie Acors <b>TITLE:</b> Vice President <b>ADDRESS:</b> 515 Country Club Blvd <b>CITY/ST/ZIP:</b> Chesapeake , VA 23322-8007</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input checked="" 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 checked="" type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER    <input type="checkbox"/> DIRECTOR    <input checked="" type="checkbox"/></p> <p><b>NAME:</b> DENEEN M KEEGAN <b>TITLE:</b> DIRECTOR <b>ADDRESS:</b> DIXON HUGHES GOODMAN LLP 272 BENDIX ROAD <b>CITY/ST/ZIP:</b> VIRGINIA BEACH, VA 23452</p>	<p align="center">OFFICER    <input checked="" type="checkbox"/> DIRECTOR    <input checked="" type="checkbox"/></p> <p><b>NAME:</b> Jennifer French <b>TITLE:</b> Secretary PBMares, LLP <b>ADDRESS:</b> 434 McLaws Circle, Suite 201 <b>CITY/ST/ZIP:</b> Williamsburg, VA 23185-5646</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 align="center">OFFICER    <input type="checkbox"/> DIRECTOR    <input checked="" type="checkbox"/></p> <p><b>NAME:</b> A DIANE REED <b>TITLE:</b> DIRECTOR <b>ADDRESS:</b> CHRISTOPHER NEWPORT UNIVERSITY 1 UNIVERSITY PL <b>CITY/ST/ZIP:</b> NEWPORT NEWS, VA 23606</p>	<p align="center">OFFICER    <input type="checkbox"/> DIRECTOR    <input checked="" type="checkbox"/></p> <p><b>NAME:</b> A. Diane Reed <b>TITLE:</b> <b>ADDRESS:</b> Christopher Newport University 1 Avenue of the Arts <b>CITY/ST/ZIP:</b> Newport News, VA 23606-2949</p>



**Corporate ID: 0343698-7**

**Due Date: 7/31/2018**

**Additional Officers/Directors:**

Susan P. Davis, Director  
1700 Wells Fargo Center  
440 Monticello Avenue  
Norfolk, VA 23510-2571

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