

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212501617

1.) CORPORATION NAME:

**CENTREVILLE VOLUNTEER FIRE
DEPARTMENT, INCORPORATED**

DUE DATE: **1/5/2012**

SCC ID NO: **00609594**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
MARVA E WILLIAMS
14020 D GRUMBLE JONES CT
CENTREVILLE, VA 20121**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5856 OLD CENTREVILLE ROAD
P.O. BOX 157

CITY/ST/ZIP: CENTREVILLE, VA 20122-

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.

NAME: MARVA E WILLIAMS
TITLE: PRES/COB
ADDRESS: 14020 D GRUMBLE JONES CT
CITY/ST/ZIP/CO: CENTREVILLE, VA 20121-

OFFICER

DIRECTOR

NAME: JOYCE BOYD
TITLE: VICE PRESIDENT
ADDRESS: 14365 STONE WATER CT.
CITY/ST/ZIP/CO: CENTREVILLE, VA 20121-

OFFICER

DIRECTOR

NAME: MARSHALL MILBRATH
TITLE: SECRETARY
ADDRESS: 125 MARKET STREET, #431
CITY/ST/ZIP/CO: MANASSAS PARK, VA 20111-

OFFICER

DIRECTOR

NAME: MATT LANNON
TITLE: TREASURER
ADDRESS: 13974 MIDDLE CREEK PL
CITY/ST/ZIP/CO: CENTREVILLE, VA 20121-

OFFICER

DIRECTOR

NAME: JOHN KIRBY
TITLE: DIRECTOR
ADDRESS: 13934 DEVIAR DRIVE
CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY NAGELIN DIRECTOR 14407 SALISBURY PLAIN CT. CENTREVILLE, VA 20120-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL WENDT DIRECTOR 125 MARKET STREET, #431 MANASSAS PARK, VA 20111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH ANN KOSTELNIK DIRECTOR 11314 SUNDIAL COURT #E RESTON, VA 20194-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP SICA DIRECTOR 13365 SCOTSMORE WAY OAK HILL, VA 20171-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARVA E WILLIAMS PRESIDENT 14020D GRUMBLE JONES CT. CENTREVILLE, VA 20121-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MARVA E WILLIAMS</u>	<u>MARVA E WILLIAMS, PRES/COB</u>	<u>1/5/2012</u>
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, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.