

1.) CORPORATION NAME:

**SCRIPTURE TRUTH FOUNDATION**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PHILIP G BRODSKY**

**654 LEES GAP RD**

**FINCASTLE, VA 24090-3869**

SCC ID NO: **01979038**

5.) STOCK INFORMATION

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

**BOTETOURT COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 654 LEES GAP ROAD

CITY/ST/ZIP: FINCASTLE, VA 24090

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: PHILIP BRODSKY TITLE: PRESIDENT ADDRESS: 654 LEES GAP ROAD CITY/ST/ZIP/CO: FINCASTLE, VA 24090	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDITH O BRODSKY TITLE: S/T ADDRESS: 654 LEES GAP ROAD CITY/ST/ZIP/CO: FINCASTLE, VA 24090	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: D GREGG BRODSKY TITLE: DIRECTOR ADDRESS: 616 LEES GAP RD CITY/ST/ZIP/CO: FINCASTLE, VA 24090	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHELLE H BRODSKY TITLE: DIRECTOR ADDRESS: 616 LEES GAP RD CITY/ST/ZIP/CO: FINCASTLE, VA 24090	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETHANY S BRODSKY TITLE: DIRECTOR ADDRESS: 502 BOTETOURT RD CITY/ST/ZIP/CO: FINCASTLE, VA 24090	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JASON P BRODSKY TITLE: DIRECTOR ADDRESS: 502 BOTETOURT RD CITY/ST/ZIP/CO: FINCASTLE, VA 24090	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MURIEL DAVIS DIRECTOR 1009 MEDIA RD MINNEOLA, FL 34715	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES E DAVIS DIRECTOR 1009 MEDIA RD MINNEOLA, FL 34715	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN B LACKEY DIRECTOR 123 ROCKY TOP RD TROUTVILLE, VA 24175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELWOOD MCQUAID DIRECTOR 27 ARROWHEAD DR LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAXINE MCQUAID DIRECTOR 27 ARROWHEAD DR LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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.			
/s/ JUDITH O BRODSKY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JUDITH O BRODSKY, S/T PRINTED NAME AND CORPORATE TITLE	8/23/2012 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.			