

1.) CORPORATION NAME:

**YOUTH FOR TOMORROW -- NEW LIFE CENTER, INC.**

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**C STEPHEN TEMPLETON**

**11835 HAZEL CIRCLE DR**

**BRISTOW, VA 20136**

SCC ID NO: **02486611**

5.) STOCK INFORMATION

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

**PRINCE WILLIAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11835 HAZEL CIRCLE DRIVE

CITY/ST/ZIP: BRISTOW, VA 20136-

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: RON DEVINE  
TITLE: VICE PRESIDENT  
ADDRESS: 6320 AUGUSTA DR  
SUITE 1400  
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150-

OFFICER

DIRECTOR

NAME: JOE GIBBS  
TITLE: CHAIRMAN  
ADDRESS: 13415 REESE BLVD W  
CITY/ST/ZIP/CO: HUNTERSVILLE, NC 28078-

OFFICER

DIRECTOR

NAME: GARY L JONES  
TITLE: CEO  
ADDRESS: 11835 HAZEL CIR CR  
CITY/ST/ZIP/CO: BRISTOW, VA 20136-

OFFICER

DIRECTOR

NAME: DAVID E LOOP  
TITLE: COO  
ADDRESS: 11835 HAZEL CIRCLE DR  
CITY/ST/ZIP/CO: BRISTOW, VA 20136-

OFFICER

DIRECTOR

NAME: SHAZA ANDERSON  
TITLE: DIRECTOR  
ADDRESS: 11636 PLAZA AMERICA DR  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA ATWATER DIRECTOR 11710 PLAZA AMERICA DR STE 2000 RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK BALTZ DIRECTOR 7500 OLD GEORGETOWN RD BETHESDA, MD 20814-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY BARBOUR DIRECTOR PO BOX 7327 WOODBIDGE, VA 22195-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL BERQUIST DIRECTOR 10400 FERNWOOD ROAD BETHESDA, MD 20817-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAYLOR CHESS DIRECTOR 12500 FAIR LAKES CIRCLE STE 400 FAIRFAX, VA 22033-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN CONNOUGHTON DIRECTOR PO BOX 1475 SECY OF TRANSPORTATION RICHMOND, VA 23218-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT DIX DIRECTOR 2251 CORPORATE PARK DR STE 100 HERNDON, VA 20171-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE EBERLE DIRECTOR 1420 SPRING HILL RD STE 490 MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY GARCZYSKI DIRECTOR 13662 OFFICE PL STE 201B WOODBIDGE, VA 22192-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY ANN GHADBAN DIRECTOR 9401 BATTLE STREET MANASSAS, VA 20110-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM GIDDINGS DIRECTOR 14211 JEFFERSON DAVIS HWY WOODBIDGE, VA 22191-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIT HUME DIRECTOR 400 N. CAPITAL ST STE 550 WASHINGTON, DC 20001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD LARA DIRECTOR 7600 LEESBURG PIKE STE 120E FALLS CHURCH, VA 22043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY PADGETT DIRECTOR 10412 BRECKENRIDGE LANE FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY ROSENTHAL DIRECTOR 9265 CORPORATE CIRCLE MANASSAS, VA 20110-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY SMIST DIRECTOR 1612 FIELDING LEWIS WAY MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE TEMPLETON DIRECTOR 2531 CHAIN BRIDGE RD VIENNA, VA 22180-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS TOTH DIRECTOR 608 SOUTH KING ST LEESBURG, VA 20175-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTHA VOSS DIRECTOR 601 THIRTEENTH ST NW STE 910S WASHINGTON, DC 20005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REBECCA WHITELOCK DIRECTOR 4275 BROAD RUN CHURCH RD WARRENTON, VA 20187-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUAN WILLIAMS DIRECTOR 635 MASSACHUSETTS AVE, NW NRP WASHINGTON, DC 20001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON PETERSON DIRECTOR 12500 FAIR LAKES CIR, STE 400 FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM DAVIS DIRECTOR 1919 NORTH LYNN STREET ROSSLYN, VA 22298-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN LAPIERRE SECRETARY 53 WARWICK STONE WAY GREAT FALLS, VA 22066-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY NAKAMOTO PRESIDENT 1749 OLD MEADOW RD SUITE 500 MCLEAN, VA 22102-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER WEST TREASURER 1800 TYSONS BLVD PWC, LLP MCLEAN, VA 22102-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA LEWIS DIRECTOR 6849 OLD DOMINION DR STE 200 MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY MICHAEL DIRECTOR 21300 REDSKINS PARK DRIVE ASHBURN, VA 20147-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	OLIVER NORTH DIRECTOR 22570 MARKEY COURT STERLING, VA 20166-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BURKE O'MALLEY TITLE: DIRECTOR ADDRESS: 46980 HARRY BYRD HWY CITY/ST/ZIP/CO: STERLING, VA 20176-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAN SIPE TITLE: DIRECTOR ADDRESS: 15245 SHADY GROVE ROAD CITY/ST/ZIP/CO: ROCKVILLE, MD 20850-	<input 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.

/s/ DAVID E LOOP	DAVID E LOOP, COO	9/21/2011
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.