

1.) CORPORATION NAME:

**PROVIDENCE BIBLE COLLEGE, INC.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAROLYN ROSE WIER  
3300 TIDEWATER DR  
NORFOLK, VA**

SCC ID NO: **02991396**

5.) STOCK INFORMATION

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

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3300 TIDEWATER DRIVE  
PO BOX 7224

CITY/ST/ZIP: NORFOLK, VA 23509-0224

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:	DR REGINALD WOODHOUSE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2771 BUTTERNUT DRIVE		
CITY/ST/ZIP/CO:	HAMPTON, VA 23666		
NAME:	DR. CAROLYN R WIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-ADM/CFO		
ADDRESS:	8101 PACE ROAD		
CITY/ST/ZIP/CO:	NORFOLK, VA 23518		
NAME:	DR ELBERT T. KNIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3310 DEEP CREEK BLVD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23702		
NAME:	DR RAYMOND W STILES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	204 ROYAL OAK DRIVE		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322		
NAME:	DR CHARLES B WHITEHURST SR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	342 WORTHINGTON SQ		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23704		
NAME:	DR. IRIS S. PERKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 9523		
CITY/ST/ZIP/CO:	Hampton, VA 23670		

NAME: ROBERT FINLEY  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 5035 LESSELLE DRIVE  
CITY/ST/ZIP/CO: Norfolk, VA 23502

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/ DR. CAROLYN R WIER</u>	<u>DR. CAROLYN R WIER, VP-</u>	<u>2/19/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ADM/CFO 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.