

1.) CORPORATION NAME:

FAITH CHRISTIAN ACADEMY

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM JOSEPH (JOEY) BRAY
3685 R & L SMITH DRIVE
DANVILLE, VA**

SCC ID NO: **03226446**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PITTSYLVANIA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 361 MAIN STREET
P.O. BOX 670

CITY/ST/ZIP: HURT, VA 24563

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:	WILLIAM (JOEY) BRAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3685 R & L SMITH DRIVE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24540		
NAME:	VICTOR HUDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1310 BEDFORD AVE		
CITY/ST/ZIP/CO:	ALTAVISTA, VA 24517		
NAME:	LISA A MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1623 PEERMAN SCH ROAD		
CITY/ST/ZIP/CO:	ALTAVISTA, VA 24517		
NAME:	CHARLIE SCHNEIDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	99 CRYSTAL LANE		
CITY/ST/ZIP/CO:	EVINGTON, VA 24550		
NAME:	KIMBERLY WORLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	400 KNOLLWOOD DRIVE		
CITY/ST/ZIP/CO:	GRETNA, VA 24557		
NAME:	STEVE HUTCHERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2821 WILEMAN ROAD		
CITY/ST/ZIP/CO:	LYNCH STATION, VA 24571		

NAME: BETTY ADKINS TITLE: DIRECTOR ADDRESS: 8564 BLUE RIDGE DRIVE CITY/ST/ZIP/CO: HURT, VA 24563	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: IRIS KEYS TITLE: DIRECTOR ADDRESS: 2507 WHIPPING CREEK ROAD CITY/ST/ZIP/CO: GLADYS, VA 24554	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRUCE DEVERS TITLE: DIRECTOR ADDRESS: 1352 WARDS ROAD CITY/ST/ZIP/CO: ALTAVISTA, VA 24517	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID WORLEY TITLE: DIRECTOR ADDRESS: 213 WINDY ROAD CITY/ST/ZIP/CO: GRETNA, VA 24557	<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/ LISA A MOORE	LISA A MOORE, DIRECTOR	5/28/2013
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.		