

1.) CORPORATION NAME:

Loudoun Volunteer Caregivers, A Faith in Action Program

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**FORREST E WHITE
4 LOUDOUN ST SE
LEESBURG, VA 20175**

SCC ID NO: **04432308**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 704 S. KING STREET
STE 2

CITY/ST/ZIP: LEESBURG, VA 20175

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:	MR. JAN WEINER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	20602 ROSEWOOD MANOR SQUARE		
CITY/ST/ZIP/CO:	ASHBURN, VA 20147		
NAME:	HUGH FORSYTHE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CO-CHAIRMAN		
ADDRESS:	527 FORTRESS CIRCLE SE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		
NAME:	CRAIG VENABLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CO-CHAIRMAN		
ADDRESS:	43240 AUGUSTINE PLACE		
CITY/ST/ZIP/CO:	ASHBURN, VA 20147		
NAME:	KATHRYN FETZER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	401 DODD COURT NW		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		
NAME:	Lisa Kimball	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20454 Wild Meadow Ct		
CITY/ST/ZIP/CO:	Ashburn, VA 20147		
NAME:	Robert Kott	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17895 Airmont Road		
CITY/ST/ZIP/CO:	Round Hill, VA 20141		

NAME: Jim Lovelace TITLE: DIRECTOR ADDRESS: 21069 Roaming Shores Terr CITY/ST/ZIP/CO: Ashburn, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sandra Shihadeh TITLE: DIRECTOR ADDRESS: 16007 Firefly Hill Lane CITY/ST/ZIP/CO: Leesburg, VA 20176	<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/ HUGH FORSYTHE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HUGH FORSYTHE, CO-CHAIRMAN PRINTED NAME AND CORPORATE TITLE	1/23/2013 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.		