

1.) CORPORATION NAME:

THE NAVY CHAPLAIN FOUNDATION, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID E WHITE
4300 N 24TH RD
ARLINGTON, VA**

SCC ID NO: **04474714**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4300 N 24TH ROAD

CITY/ST/ZIP: ARLINGTON, VA 22207

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:	HAROLD ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	155 BEACH LEAF ISLAND		
CITY/ST/ZIP/CO:	CENTERVILLE, MA 02632		
NAME:	JOSEPH D STINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	195 RIDGEWOOD AVE		
CITY/ST/ZIP/CO:	GLEN RIDGE, NJ 07028		
NAME:	GEORGE DOBES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3370 S 2ND STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		
NAME:	GARY POLLITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4515 BEACON DRIVE W		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32225		
NAME:	JAMES D ROGERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3100 CENTENNIAL TOWER		
CITY/ST/ZIP/CO:	101 MARIETTA STREET ATLANTA, GA 30303		
NAME:	RANDY CASH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	908 LEAPING BROOK RD.		
CITY/ST/ZIP/CO:	LINCOLNTON, NC 28092		

NAME: MICHAEL LANGSTON TITLE: DIRECTOR ADDRESS: 105 W. CIRCLE DR. CITY/ST/ZIP/CO: LEXINGTON, SC 29072	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HAROLD L ROBINSON TITLE: DIRECTOR ADDRESS: 155 BEECH LEAF ISLAND CITY/ST/ZIP/CO: CENTERVILLE, MA 02632	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROSS H TROWER TITLE: DIRECTOR ADDRESS: 7412 SPRING VALLEY DR #420 CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150-4900	<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/ HAROLD ROBINSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HAROLD ROBINSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/4/2014 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.		