

1.) CORPORATION NAME:

ANGELS OF MERCY, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JEANNE M BLACK
7151 RICHMOND RD STE 401
WILLIAMSBURG, VA**

SCC ID NO: **05041629**

5.) STOCK INFORMATION

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

JAMES CITY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7151 RICHMOND ROAD SUITE 401

CITY/ST/ZIP: WILLIAMSBURG, VA 23188

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFREY BLACK	
TITLE:	TREASURER	
ADDRESS:	302 BRITANIA DRIVE	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEANNE M BLACK	
TITLE:	PRESIDENT	
ADDRESS:	7641 TURLINGTON RD	
CITY/ST/ZIP/CO:	TOANO, VA 23168	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD GARFIELD JR	
TITLE:	DIRECTOR	
ADDRESS:	116 CHINKAPIN LANE	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARBARA MACHINIST	
TITLE:	DIRECTOR	
ADDRESS:	109 NOTTINGHAMSHIRE	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RALPH SWARTZ	
TITLE:	DIRECTOR	
ADDRESS:	101 PENRITH COURT	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM E TEALE	
TITLE:	DIRECTOR	
ADDRESS:	119 HOLLINWELL	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188	

NAME: BENJAMIN MACHINIST TITLE: DIRECTOR ADDRESS: 109 NOTTINGHAMSHIRE CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT MILLER TITLE: DIRECTOR ADDRESS: 149 SHINNICOCK CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARGARET GRAY TITLE: DIRECTOR ADDRESS: 4327 KEATON LANE CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CYNTHIA HARPER TITLE: DIRECTOR ADDRESS: POST OFFICE BOX 771 CITY/ST/ZIP/CO: TOANO, VA 23168	<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/ JEFFREY BLACK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY BLACK, TREASURER PRINTED NAME AND CORPORATE TITLE	6/27/2014 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.		