

1.) CORPORATION NAME:

**THE CENTREVILLE UNITED METHODIST CHURCH
ENDOWMENTFUND**

DUE DATE: **11/30/2011**

SCC ID NO: **05116181**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
DANIEL V. STAPLETON, JR.
1621 SUMMIT DRIVE
HAYMARKET, VA 20169**

5.) STOCK INFORMATION

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

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6400 OLD CENTREVILLE RD

CITY/ST/ZIP: CENTREVILLE, VA 20121-

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:	BOB PUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9526 CLEMATIS		
CITY/ST/ZIP/CO:	MANASSAS, VA 20110-		
NAME:	COREY PETERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	5659 WILLOW LAKES COURT		
CITY/ST/ZIP/CO:	CLIFTON, VA 20124-		
NAME:	MELL CUNNINGHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	13706 SPRINGSTONE CT		
CITY/ST/ZIP/CO:	CLIFTON, VA 20124-		
NAME:	DANIEL V STAPLETON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1621 SUMMIT DRIVE		
CITY/ST/ZIP/CO:	HAYMARKET, VA 20169-		
NAME:	WILLIAM SCHOONMAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WHITE POST CT		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20121-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH CARTER DIRECTOR 12847 RANNOCH FOREST CIR BRISTOW, VA 20136-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LLOYD ROWLAND DIRECTOR 13930 SPRINGSTONE DR CLIFTON, VA 20124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUCY PRESTON DIRECTOR 6639 ROCKLAND DR CLIFTON, VA 20124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ DANIEL V STAPLETON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL V STAPLETON, DIRECTOR PRINTED NAME AND CORPORATE TITLE	10/14/2011 DATE
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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.