

1.) CORPORATION NAME: **THE CENTREVILLE UNITED METHODIST CHURCH
ENDOWMENTFUND** DUE DATE: **11/30/2012**
SCC ID NO: **05116181**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **DANIEL V. STAPLETON, JR.
1621 SUMMIT DRIVE
HAYMARKET, VA 20169** 5.) STOCK INFORMATION
CLASS AUTHORIZED

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:	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:	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:	SUSAN EGGLESTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4515 ORR DRIVE		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		
NAME:	LUCY PRESTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6639 ROCKLAND DR		
CITY/ST/ZIP/CO:	CLIFTON, VA 20124		
NAME:	LLOYD ROWLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13930 SPRINGSTONE DR		
CITY/ST/ZIP/CO:	CLIFTON, VA 20124		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM SCHOONMAKER DIRECTOR 15053 WHITE POST CT CENTREVILLE, VA 20121	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL V STAPLETON DIRECTOR 1621 SUMMIT DRIVE HAYMARKET, VA 20169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRANDON SHEPELAK DIRECTOR 15084 STILLFIELD PLACE CENTREVILLE, VA 20120	<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/ DANIEL V STAPLETON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL V STAPLETON, DIRECTOR PRINTED NAME AND CORPORATE TITLE	9/28/2012 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.			