

1.) CORPORATION NAME:

Rooted in Faith-Forward in Hope, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**J WILLIAM GRAY JR
HUNTON & WILLIAMS
951 E BYRD ST**

SCC ID NO: **05745930**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 NORTH GLEBE ROAD SUITE 914

CITY/ST/ZIP: ARLINGTON, VA 22203

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: REV MARK S MEALEY OSFS TITLE: PRESIDENT ADDRESS: 200 NORTH GLEBE RD SUITE 914 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MR JOSEPH M GUIFFRE TITLE: VICE PRESIDENT ADDRESS: 127 SOUTH FAIRFAX ST #239 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REV ROBERT J RIPPY TITLE: TREASURER ADDRESS: 3901 CATHEDRAL LANE CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REV RICHARD A MULLINS TITLE: SECRETARY ADDRESS: 2907 POPKINS LN CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REV. FRANK READY TITLE: DIRECTOR ADDRESS: 200 N GLEBE RD STE 914 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY COTNOIR TITLE: DIRECTOR ADDRESS: 200 N GLEBE RD STE 914 CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MARK HERRMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 N GLEBE RD STE 914		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	REV. DONALD ROONEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1009 STAFFORD AVE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

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/ MARK HERRMANN	MARK HERRMANN, DIRECTOR	1/23/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.