

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214515935

1.) CORPORATION NAME:

Rooted in Faith-Forward in Hope, Inc.

DUE DATE: **3/31/2014**

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

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	200 NORTH GLEBE RD SUITE 914		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	MR JOSEPH M GUIFFRE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	127 SOUTH FAIRFAX ST #239		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	REV ROBERT J RIPPY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3901 CATHEDRAL LANE		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	REV RICHARD A MULLINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2907 POPKINS LN		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22306		

NAME:	TIMOTHY COTNOIR	<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:	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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REV. DONALD ROONEY DIRECTOR 1009 STAFFORD AVE FREDERICKSBURG, VA 22401	<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/ MARK HERRMANN	MARK HERRMANN, DIRECTOR	3/26/2014	
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.			