

1.) CORPORATION NAME: Second Calvary Development Corporation	DUE DATE: 7/31/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM T MASON JR 256 W FREEMASON ST NORFOLK, VA 23510	SCC ID NO: 05806740
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORFOLK CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2940 CORPREW AVE CITY/ST/ZIP: NORFOLK, VA 23504	
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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: PHILLIP D BROOKS TITLE: PRESIDENT ADDRESS: 1351 LITTLE NECK RD CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES A WINSTEAD TITLE: VICE PRESIDENT ADDRESS: 308 MAPLESHORE DR CITY/ST/ZIP/CO: CHESAPEAKE, VA 23320-6920	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CORA E BRIDGERS TITLE: TREASURER ADDRESS: 4029 WINDSOR GATE PL CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ANNIE PERKINS TITLE: SECRETARY ADDRESS: 2840 GATE HOUSE RD CITY/ST/ZIP/CO: NORFOLK, VA 23504	<input checked="" 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/ PHILLIP D BROOKS	PHILLIP D BROOKS, PRESIDENT	7/30/2012
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.