

1.) CORPORATION NAME: REHOBOTH BAPTIST	DUE DATE: 12/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JIM HUDSON 826 MAIN ST WEST POINT, VA	SCC ID NO: 05880281
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: KING WILLIAM COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5904 ACQUINTON CHURCH RD CITY/ST/ZIP: KING WILLIAM, VA 23086	
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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: WALTER C VIA TITLE: TRUSTEE ADDRESS: PO BOX 592 CITY/ST/ZIP/CO: WEST POINT, VA 23181	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: R. S. VIA TITLE: PASTOR ADDRESS: 367 GREEN LEVEL ROAD CITY/ST/ZIP/CO: KING WILLIAM, VA 23086	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: EUGENE P FORNASH TITLE: TRUSTEE ADDRESS: 605 PINE LANE CITY/ST/ZIP/CO: KING WILLIAM, VA 23086	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: H BARNES TOWNSEND TITLE: TRUSTEE ADDRESS: 3459 DABNEYS MILL RD CITY/ST/ZIP/CO: MANQUIN, VA 23106	<input checked="" type="checkbox"/>	OFFICER	<input 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/ R. S. VIA	R. S. VIA, PASTOR	12/4/2013
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.