

1.) CORPORATION NAME:

The Bruton Parish Church Foundation, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHANNING M HALL III
1147 PROFESSIONAL DR STE B
PO BOX 339**

SCC ID NO: **05893060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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WILLIAMSBURG, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WILLIAMSBURG CITY (FILED IN JAMES CITY COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 3520

CITY/ST/ZIP: WILLIAMSBURG, VA 23187-3520

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:	BRYANT CURETON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	113 MACHRIE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	STEVE HIBBITTS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	103 EDWARD WAKEFIELD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	STEPHANIE H KING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3013 THE MALL		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	ALISON V. LENNARZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	103 WINDSOR WAY		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	WILLIAM CARR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	316 INDIAN SPRINGS RD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	MARTHA EASTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	105 HARVEST CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME: CHRISTOPHER L. EPPERSON TITLE: DIRECTOR ADDRESS: 425 E. FRANCIS ST CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM GRANT, III TITLE: DIRECTOR ADDRESS: 4155 LONGVIEW LANDING CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES HAGGARD TITLE: SECRETARY ADDRESS: 2909 BARRETS POINTE RD CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES PARRISH TITLE: DIRECTOR ADDRESS: 6620 CHAPEL CROSSING CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILSON SKINNER, III TITLE: DIRECTOR ADDRESS: 320 BURNS LANE CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: H. DUDLEY HOYLE TITLE: ASST TREASURER ADDRESS: 215 BUFORD RD. CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<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/ ALISON V.LENNARZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALISON V.LENNARZ, PRINTED NAME AND CORPORATE TITLE	12/3/2013 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.		