

1.) CORPORATION NAME:

GRACE COVENANT CHILD DEVELOPMENT CENTER

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HARRY J WARTHEN III
HUNTON & WILLIAMS
951 E BYRD ST**

SCC ID NO: **05927330**

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: 1617 MONUMENT AVE

CITY/ST/ZIP: RICHMOND, VA 23220

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:	CAL GRAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7006 MONUMENT AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		
NAME:	JEAN R APPICH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	34 WILLWAY AVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		
NAME:	C. JORDAN BALL, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	99 MAPLE AVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		
NAME:	SUSAN FARRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1704 PARK AVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		
NAME:	MARCIA D MANNING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 26384		
CITY/ST/ZIP/CO:	RICHMOND, VA 23260		
NAME:	CHERRY D. CORLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1908 COURT ST.		
CITY/ST/ZIP/CO:	HENRICO, VA 23228		

NAME: CATHY SUTTON TITLE: DIRECTOR ADDRESS: 8264 QUAILFIELD COURT CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOF MEYER TITLE: DIRECTOR ADDRESS: 606 W. 31st ST. CITY/ST/ZIP/CO: RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERIKA TABOR TITLE: DIRECTOR ADDRESS: 8600 PENNSBURY PL. #5 CITY/ST/ZIP/CO: RICHMOND, VA 23294	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SARAH GRAVES TITLE: DIRECTOR ADDRESS: 309 W. 27th ST. CITY/ST/ZIP/CO: RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES ATCHISON TITLE: TREASURER ADDRESS: 1200 BOWDEN RD. CITY/ST/ZIP/CO: RICHMOND, VA 23229	<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/ CHERRY D.CORLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHERRY D.CORLEY, PRINTED NAME AND CORPORATE TITLE	3/25/2014 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.		