

1.) CORPORATION NAME:

First Things First of Greater Richmond

DUE DATE: **3/31/2012**

SCC ID NO: **05938758**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
ROBERT RUTHAZER
5200 GROVE AVE
RICHMOND, VA 23226**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5200 GROVE AVENUE

CITY/ST/ZIP: RICHMOND, VA 23226-1633

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: JOHN VETROVEC
TITLE: TREASURER
ADDRESS: 311 N 32ND ST
CITY/ST/ZIP/CO: RICHMOND, VA 23223-

OFFICER

DIRECTOR

NAME: MRS MOLLY DEAN BITTNER
TITLE: CHAIRWOMEN
ADDRESS: 2208 LOGAN ST
CITY/ST/ZIP/CO: RICHMOND, VA 23235-

OFFICER

DIRECTOR

NAME: MR ROBERT P RUTHAZER
TITLE: DIRECTOR
ADDRESS: 5200 GROVE AVENUE
CITY/ST/ZIP/CO: RICHMOND, VA 23226-1633

OFFICER

DIRECTOR

NAME: REBECCA BLACKWELL
TITLE: DIRECTOR
ADDRESS: 3030 CROSSFIELD ROAD
CITY/ST/ZIP/CO: RICHMOND, VA 23233-

OFFICER

DIRECTOR

NAME: JEFF UKROP
TITLE: VICE CHAIRMAN
ADDRESS: PO BOX 29757
CITY/ST/ZIP/CO: HENRICO, VA 23242-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANNY AVULA DIRECTOR 1110 OAKWOOD AVENUE RICHMOND, VA 23223-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARY AYERS DIRECTOR 506 RIDGE TOP ROAD HENRICO, VA 23229-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY BRITT DIRECTOR 9602 JANUARY COURT RICHMOND, VA 23238-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HONOR CARVER DIRECTOR 1500 WESTWOOD AVENUE RICHMOND, VA 23227-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERVIN CLARKE DIRECTOR 8401 BETHUNE DRIVE PETERSBURG, VA 23805-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARTER GOOLSBY DIRECTOR 7330 KENTFORD CIRCLE MECHANICSVILLE, VA 23116-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARRYL HUSBAND DIRECTOR 6061 POND GRASS ROAD MECHANICSVILLE, VA 23111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED MANGELS DIRECTOR 10206 SWINGING BRIDGE DR. RICHMOND, VA 23233-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMIE MCLAIN DIRECTOR 9201 STONY CREST CIRCLE, APT. 128 RICHMOND, VA 23235-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATIE MILLNER DIRECTOR 2 TWIN LAKE LANE RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: WANDA ORTWINE TITLE: DIRECTOR ADDRESS: 904 MADISON COURT CITY/ST/ZIP/CO: MAIDENS, VA 23102-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH PRUSEK TITLE: DIRECTOR ADDRESS: 7604 BRYN MAWR ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23229-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID SAUNDERS TITLE: DIRECTOR ADDRESS: 11403 CARUTHERS WAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RANDY SEIBERT TITLE: DIRECTOR ADDRESS: 2314 E. GRACE STREET CITY/ST/ZIP/CO: RICHMOND, VA 23223-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALEX THROWER TITLE: DIRECTOR ADDRESS: 2125 HANOVER AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23220-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER TRIBLE TITLE: DIRECTOR ADDRESS: 5402 DORCHESTER ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23225-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEXTER WADE TITLE: DIRECTOR ADDRESS: 10807 FLEETON COURT CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<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/ MR ROBERT P RUTHAZER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MR ROBERT P RUTHAZER, DIRECTOR PRINTED NAME AND CORPORATE TITLE
3/14/2012 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.	