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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214525276 |
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| 1.) CORPORATION NAME: ABC Community Empowerment CDC | DUE DATE: 4/30/2014 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SHERIDAN D NELSON 2816 COLLEY AVE NORFOLK, VA | SCC ID NO: 05942925 |
| 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: 3301 COLLEY AVENUE

CITY/ST/ZIP: NORFOLK, VA 23508

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.

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|-----------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: MELISSIA L ARTIS | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: OFFICER | | | | |
| ADDRESS: 3239 VIMY RIDGE AVE | | | | |
| CITY/ST/ZIP/CO: NORFOLK, VA 23509 | | | | |

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|-----------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: GRACE OUTLAW | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: OFFICER | | | | |
| ADDRESS: 713 W 37TH ST | | | | |
| CITY/ST/ZIP/CO: NORFOLK, VA 23508 | | | | |

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|-----------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: NIKKE RIDDICK | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: OFFICER | | | | |
| ADDRESS: 7200 EVELYN T BUTTS AVE | | | | |
| CITY/ST/ZIP/CO: NORFOLK, VA 23513 | | | | |

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|--------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: RAYFORD L RIDDICK JR | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: OFFICER | | | | |
| ADDRESS: 1220 DEEP CREEK BLVD | | | | |
| CITY/ST/ZIP/CO: CHESAPEAKE, VA 23323 | | | | |

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|--------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: KIRK T HOUSTON SR | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 3809 MAGNOLIA DR | | | | |
| CITY/ST/ZIP/CO: PORTSMOUTH, VA | | | | |

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.

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| /s/ MELISSIA L ARTIS | MELISSIA L ARTIS, OFFICER | 5/14/2014 |
| 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.