

1.) CORPORATION NAME:

**Perfecting Unity Church, Inc.**

DUE DATE: **8/31/2011**

SCC ID NO: **06012348**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**THOMAS C BIBBY**

**658 GLEBE RD**

**DALEVILLE, VA 24083**

5.) STOCK INFORMATION

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

**BOTETOURT COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4142 MELROSE AVE NW  
#17

CITY/ST/ZIP: ROANOKE, VA 24017-

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:	THOMAS C BIBBY SR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	658 GLEBE RD		
CITY/ST/ZIP/CO:	DALEVILLE, VA 24083-		

NAME:	MICAH BIBBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	926 ESTATES RD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014-		

NAME:	JOANNE PETTY LESTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PSC 813 BOX 156		
CITY/ST/ZIP/CO:	, -		

NAME:	EVELYN MANNING MACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1219 14TH ST NW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24017-		

NAME:	BENJAMIN RHAME	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1820 SYRACUSE AVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24017-		

NAME: SHAWNDA GRIFFITH TITLE: TREASURER ADDRESS: 379 HIGHLAND AVE APT #320 CITY/ST/ZIP/CO: ROANOKE, VA 24016-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: OLIVIA FORREST TITLE: SECRETARY ADDRESS: 202 MADISON AVE NW CITY/ST/ZIP/CO: ROANOKE, VA 24016-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LILLIE BRYANT TITLE: DIRECTOR ADDRESS: 268 TINKERVIEW DR CITY/ST/ZIP/CO: CLOVERDALE, VA 24077-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA ANN BIBBY TITLE: DIRECTOR ADDRESS: 658 GLEBE RD CITY/ST/ZIP/CO: DALEVILLE, VA 24083-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GWEN SMITH TITLE: DIRECTOR ADDRESS: 3916 SKYLARK CIRCLE CITY/ST/ZIP/CO: ROANOKE, VA 24018-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WANDA STUART TITLE: DIRECTOR ADDRESS: 537 VIRGINIA DR CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MONALISA JOURNETTE TITLE: DIRECTOR ADDRESS: 205 HARRISON AVE CITY/ST/ZIP/CO: ROANOKE, VA 24016-	<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/ THOMAS C BIBBY SR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS C BIBBY SR. CEO _____ PRINTED NAME AND CORPORATE TITLE
9/26/2011 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.	