

1.) CORPORATION NAME:

Perfecting Unity Church, Inc.

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS C BIBBY
658 GLEBE RD
DALEVILLE, VA**

SCC ID NO: **06012348**

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:	BARBARA ANN BIBBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	658 GLEBE RD		
CITY/ST/ZIP/CO:	DALEVILLE, VA 24083		
NAME:	OLIVIA FORREST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	202 MADISON AVE NW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24016		
NAME:	SHAWNDA GRIFFITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	379 HIGHLAND AVE APT #320		
CITY/ST/ZIP/CO:	ROANOKE, VA 24016		
NAME:	MONALISA JOURNETTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	205 HARRISON AVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24016		

NAME: JOANNE PETTY LESTER TITLE: DIRECTOR ADDRESS: 5614 GREEN RIDGE RD NW CITY/ST/ZIP/CO: ROANOKE, VA 24019-3606	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: EVELYN MANNING MACK TITLE: DIRECTOR ADDRESS: 1219 14TH ST NW CITY/ST/ZIP/CO: ROANOKE, VA 24017	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BENJAMIN RHAME TITLE: DIRECTOR ADDRESS: 1820 SYRACUSE AVE CITY/ST/ZIP/CO: ROANOKE, VA 24017	<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	
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	11/20/2015 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.		