

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213534385

1.) CORPORATION NAME:

DVA National Black Chaplains Association, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HOWARD W JONES
249 CABELL DR
NEWPORT NEWS, VA**

SCC ID NO: **06032262**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NEWPORT NEWS CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: REV DR. HOWARD W. JONES
VANBCA PUBLIC RELATIONS - 249 CABELL DR

CITY/ST/ZIP: NEWPORT NEWS, VA 23602

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHAPLAIN RANDALL C HUTCHINSON	
TITLE:	PRES. ADVIR	
ADDRESS:	3001 GREEN BAY RD	
CITY/ST/ZIP/CO:	NORTH CHICAGO, IL 60064	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHAPLAIN HOWARD W JONES	
TITLE:	PRES. ADVISOR	
ADDRESS:	249 CABELL DRIVE	
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23602	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHAPLAIN MICHAEL L MCCOY	
TITLE:	PRESIDENT	
ADDRESS:	NATL. CHAP. CTR 301/110C	
CITY/ST/ZIP/CO:	HAMPTON, VA 23667	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHAPLAIN ANDRE H PIERCE	
TITLE:	PRES ADVIS	
ADDRESS:	1201 NW 16TH ST	
CITY/ST/ZIP/CO:	MIAMI, FL 33125	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHAPLAIN ALICE D TAMRIE	
TITLE:	PRES ADVIS	
ADDRESS:	800 ZORN AVE	
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40206	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHAPLAIN DERREL HUGHES	
TITLE:	SECRETARY	
ADDRESS:	10701 E BLV	
CITY/ST/ZIP/CO:	CLEVELAND, OH 44106	

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.

<u>/s/ CHAPLAIN HOWARD W JONES</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHAPLAIN HOWARD W JONES, PRES. ADVISOR</u> PRINTED NAME AND CORPORATE TITLE	<u>7/24/2013</u> 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.