

1.) CORPORATION NAME: **THE FATHER'S HOUSE** DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **KEITH E JONES**
288 ADDIE WAY
LYNCHBURG, VA SCC ID NO: **06032296**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:
 ADDRESS: 2712 OLD FOREST ROAD
 CITY/ST/ZIP: LYNCHBURG, VA 24501

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: KEITH E JONES		
TITLE: PRESIDENT		
ADDRESS: 288 ADDIE WAY		
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN MICHELLE JONES		
TITLE: SECRETARY		
ADDRESS: 288 ADDIE WAY		
CITY/ST/ZIP/CO: LYNCHBURG, VA 24501		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL FAUBER		
TITLE: DIRECTOR		
ADDRESS: 1847 TIM BERE RIDGE RD		
CITY/ST/ZIP/CO: BUENA VISTA, VA 24416		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK A ROSIER		
TITLE: DIRECTOR		
ADDRESS: 115 KENMORE DRIVE		
CITY/ST/ZIP/CO: MADISON HEIGHTS, VA 24572		

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/ KAREN MICHELLE JONES	KAREN MICHELLE JONES,	9/12/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.