

1.) CORPORATION NAME:

**Christ Chapel (Assemblies of God)**

DUE DATE: **9/30/2010**

SCC ID NO: **06037162**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**H ROBERT SHOWERS**

**305 HARRISON ST SE 3RD FL  
LEESBURG, VA 20175**

5.) STOCK INFORMATION

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

**LOUDOUN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13909 SMOKETOWN ROAD

CITY/ST/ZIP: WOODBRIDGE, VA 22192-

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: WILLIAM T ROBERTS  
TITLE: SR PSTR/PRES  
ADDRESS: POB 783  
CITY/ST/ZIP/CO: DUMFRIES, VA 22026-

OFFICER

DIRECTOR

NAME: RONALD WOLF  
TITLE: SECRETARY  
ADDRESS: 15430 BEACHVIEW DR  
CITY/ST/ZIP/CO: DUMFRIES, VA 22026-

OFFICER

DIRECTOR

NAME: MACK JOHNSON  
TITLE: TREASURER  
ADDRESS: 13412 HALLOWWAY CT  
CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193-

OFFICER

DIRECTOR

NAME: RAY CANADA  
TITLE: DIRECTOR  
ADDRESS: 4311 MARHALT PL.  
CITY/ST/ZIP/CO: DUMFRIES, VA 22025-3142

OFFICER

DIRECTOR

NAME: GREGORY D CITIZEN  
TITLE: DIRECTOR  
ADDRESS: 6208 PORTAL COURT  
CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192-

OFFICER

DIRECTOR

NAME: JAMES HUNT TITLE: DIRECTOR ADDRESS: 4433 TORRENCE PLACE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193-5721	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL MIKLICH TITLE: DIRECTOR ADDRESS: 16060 DANCING LEAF PL. CITY/ST/ZIP/CO: DUMFRIES, VA 22025-3609	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HAROLD MOORE TITLE: DIRECTOR ADDRESS: 15008 ALABAMA AVE. CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191-3504	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEROME MORRISSEY TITLE: DIRECTOR ADDRESS: 59 INNSBROOK COURT CITY/ST/ZIP/CO: STAFFORD, VA 22556-6260	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: VICTOR SCUDERI TITLE: DIRECTOR ADDRESS: 15316 EDGEHILL DRIVE CITY/ST/ZIP/CO: DUMFRIES, VA 22025-1037	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: REGINALD TERRY TITLE: DIRECTOR ADDRESS: 13032 TADMORE COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193-4145	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EDUARDO DE JESUS TITLE: DIRECTOR ADDRESS: 7800 LAMBKIN COURT CITY/ST/ZIP/CO: LORTON, VA 22079-4336	<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/ WILLIAM T ROBERTS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM T ROBERTS, SR PSTR/PRES _____ PRINTED NAME AND CORPORATE TITLE
6/17/2011 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.	