

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212551682

1.) CORPORATION NAME:

**Center for Spiritual Enlightenment (NSAC)**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**B. ANNE GEHMAN  
222 N. WASHINGTON STREET  
FALLS CHURCH, VA**

SCC ID NO: **06043780**

5.) STOCK INFORMATION

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

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: CSE, NSAC  
PO BOX 6535

CITY/ST/ZIP: FALLS CHURCH, VA 22040-6535

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:	Dr. Wayne A. Knoll	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5409 Backlick Woods Ct		
CITY/ST/ZIP/CO:	Springfield, VA 22151		

NAME:	Richard A. Beckel	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	21812 Westminster Pl		
CITY/ST/ZIP/CO:	Sterling, VA 20164		

NAME:	Jimmy D. Burnette	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6110 Mulberry Ct		
CITY/ST/ZIP/CO:	Alexandria, VA 22310		

NAME:	Lucinda K. Wilson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	16925 Baederwood Ln		
CITY/ST/ZIP/CO:	Derwood, MD 20855		

NAME:	Kathleen S. Riley	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4517 Sangamore Rd #101		
CITY/ST/ZIP/CO:	Bethesda, MD 20816		

NAME:	Mary Ann Kelly	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3004 Hunt		
CITY/ST/ZIP/CO:	Oakton, VA 22124		

NAME:	Susan M. Chapins	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7411 Albemarle Dr		
CITY/ST/ZIP/CO:	Manassas, VA 20111		

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/ Kathleen S.Riley	Kathleen S.Riley,	6/6/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.