

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214556322
1.) CORPORATION NAME: <b>Brent's Witness Foundation</b>		DUE DATE: <b>11/30/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LYNN JONES BERKHIMER 125 SAINT PAULS BLVD #504 NORFOLK, VA</b>		SCC ID NO: <b>06269674</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>NORFOLK CITY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 125 SAINT PAULS BLVD #504  CITY/ST/ZIP: NORFOLK, VA 23510		
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: LYNN J BERKHIMER TITLE: PRESIDENT ADDRESS: 125 SAINT PAULS BLVD #504 CITY/ST/ZIP/CO: NORFOLK, VA 23510	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KIRK D BERKHIMER TITLE: DIRECTOR ADDRESS: 146 TREVOR WAY CITY/ST/ZIP/CO: MOYOCK, NC 27958	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD L PERRY TITLE: DIRECTOR ADDRESS: PO BOX 1103 CITY/ST/ZIP/CO: MT AIRY, NC 27030	<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/ LYNN J BERKHIMER	LYNN J BERKHIMER, PRESIDENT	2/1/2015
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.		