

1.) CORPORATION NAME:

Capital Worship Center

DUE DATE: **4/30/2011**

SCC ID NO: **06361364**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

VICTOR F RINALDI

10521 JUDICIAL DR #204

FAIRFAX, VA 22030

5.) STOCK INFORMATION

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

FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1976

CITY/ST/ZIP: CENTREVILLE, VA 20122-

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: JONATHAN M KELLEY
TITLE: PRESIDENT
ADDRESS: PO BOX 1976
CITY/ST/ZIP/CO: CENTREVILLE, VA 20122-

OFFICER

DIRECTOR

NAME: JAMES M KELLEY
TITLE: VICE PRESIDENT
ADDRESS: PO BOX 1976
CITY/ST/ZIP/CO: CENTREVILLE, VA 20122-

OFFICER

DIRECTOR

NAME: CHARLA KELLEY
TITLE: DIRECTOR
ADDRESS: PO BOX 1976
CITY/ST/ZIP/CO: CENTREVILLE, VA 20122-

OFFICER

DIRECTOR

NAME: VERL DYER
TITLE: DIRECTOR
ADDRESS: PO BOX 1976
CITY/ST/ZIP/CO: CENTREVILLE, VA 20122-

OFFICER

DIRECTOR

NAME: THERESA EVANS
TITLE: DIRECTOR
ADDRESS: P O BOX 1976
CITY/ST/ZIP/CO: CENTREVILLE, VA 20122-

OFFICER

DIRECTOR

NAME: IKECHUKU CHIGEWE TITLE: SECRETARY TREAS ADDRESS: PO BOX 1976 CITY/ST/ZIP/CO: CENTREVILLE, VA 20122-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JONATHAN M KELLEY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JONATHAN M KELLEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/16/2011 DATE
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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.