

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216513146

1.) CORPORATION NAME:

LUCHA Ministries, Inc.

DUE DATE: **5/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD A CRONIN JR
600 GALVESTON RD
FREDERICKSBURG, VA**

SCC ID NO: **06387062**

5.) STOCK INFORMATION

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

STAFFORD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 Chatham Square Office Park
P. O. BOX 8239

CITY/ST/ZIP: FREDERICKSBURG, VA 22404-8239

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:	VICTOR GOMEZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	561 OLD BETHEL CHURCH ROAD		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22603		

NAME:	MARVIN SRIVASTAVA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11807 CLIFTON		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		

NAME:	PAMELA THORPE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1000 WHITE STREET		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

NAME:	GREG SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	138 BLAISDELL LANE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405		

NAME:	MARIBEL DIAZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2416 PITTSTON ROAD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22408		

NAME:	HEATHER GOMEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	561 OLD BETHEL CHURCH ROAD		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22603		

NAME: JUDY MAGGIO TITLE: DIRECTOR ADDRESS: C/O P. O. BOX 8239 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22404-8239	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SUE SMITH TITLE: DIRECTOR ADDRESS: 138 BLAISDELL LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DANIEL TREMENTOZZI TITLE: DIRECTOR ADDRESS: 18048 JEFFERSON DAVIS HIGHWAY CITY/ST/ZIP/CO: RUTHER GLEN, VA 22546	<input 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/ GREG SMITH	GREG SMITH, SECRETARY	4/8/2016
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.