

1.) CORPORATION NAME: Concierge for Christ Ministries 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: D ALLEN PHILPOT 17001 COURTHOUSE RD PO BOX 35 EASTVILLE, VA	DUE DATE: 8/31/2014 SCC ID NO: 06630222 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: NORTHAMPTON COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 35 CITY/ST/ZIP: EASTVILLE, VA 23347-0035
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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: ALLEN PHILPOT TITLE: PRESIDENT ADDRESS: PO BOX 35 CITY/ST/ZIP/CO: EASTVILLE, VA 23347	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: EVELYN BILES TITLE: DIRECTOR ADDRESS: 204 YORK WARWICK CITY/ST/ZIP/CO: YORKTOWN, VA 23692-4037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LINDA G PHILPOT TITLE: DIRECTOR ADDRESS: PO BOX 35 CITY/ST/ZIP/CO: EASTVILLE, VA 23347	<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/ ALLEN PHILPOT	ALLEN PHILPOT, PRESIDENT	9/2/2014
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.