

1.) CORPORATION NAME:

First Baptist Church of Roanoke

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN G ROCOVICH JR
4415 ELECTRIC RD
ROANOKE, VA**

SCC ID NO: **06722557**

5.) STOCK INFORMATION

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

ROANOKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 515 THIRD ST

CITY/ST/ZIP: ROANOKE, VA 24016-5039

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: William H Ashford TITLE: Admin Pastor ADDRESS: 3049 DOVER DR., SW CITY/ST/ZIP/CO: ROANOKE, VA 24018-2111	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Patrick Cooper TITLE: DIRECTOR ADDRESS: 2548 Mount Pleasant Blvd., SE CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Bryan E Smith TITLE: Senior Pastor ADDRESS: 6685 PARKWAY DR. CITY/ST/ZIP/CO: ROANOKE, VA 24018-5610	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Steve Stilwell TITLE: DIRECTOR ADDRESS: 4685 Chippenham Dr. CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Andy Harner TITLE: DIRECTOR ADDRESS: 2682 Southwoods Dr. CITY/ST/ZIP/CO: Roanoke, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HENRY HICKERSON TITLE: DIRECTOR ADDRESS: 6733 MUSICAL LN. CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Terry Taylor TITLE: DIRECTOR ADDRESS: 1918 Greenwood Rd., SW CITY/ST/ZIP/CO: ROANOKE, VA 24015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIM WHISMAN TITLE: DIRECTOR ADDRESS: 5760 LOST VIEW LN CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Larry Hill TITLE: Church Clerk ADDRESS: 5220 Hawkbill Circle CITY/ST/ZIP/CO: Roanoke, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Ilene Peters TITLE: Asst Clerk ADDRESS: 3834 Park Lane SW CITY/ST/ZIP/CO: Roanoke, VA 24015	<input checked="" type="checkbox"/> OFFICER	<input 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/ William H Ashford	William H Ashford, Admin Pastor	2/24/2014
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.		