

1.) CORPORATION NAME:

**CORNERSTONE FELLOWSHIP CHURCH, INC.**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**J CHRIS MORGAN  
2243 BUCKLEY HALL RD  
PO BOX 126**

SCC ID NO: **06747265**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**COBBS CREEK, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**MATHEWS COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2243 BUCKLEY HALL ROAD

CITY/ST/ZIP: COBBS CREEK, VA 23035

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:	J CHRIS MORGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	819 MARINERS WOODS DRIVE		
CITY/ST/ZIP/CO:	HARTFIELD, VA 23071		
NAME:	DEBORAH L MORGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	819 MARINERS WOODS DRIVE		
CITY/ST/ZIP/CO:	HARTFIELD, VA 23071		
NAME:	WILLIAM DEAGLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4889 NEW PT COMFORT HWY		
CITY/ST/ZIP/CO:	PORT HAYWOOD, VA 23138		
NAME:	STEVEN SKINNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10518 PIANKATANK DRIVE		
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061		
NAME:	C. W. HUDGINS, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 307		
CITY/ST/ZIP/CO:	MATHEWS, VA 23109		
NAME:	JERRY JUTRAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	102 PLAINS VIEW RD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	BEN LENNON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	135 HEALYS COVE DR		
CITY/ST/ZIP/CO:	HARDYVILLE, VA 23070		

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 DEAGLE	WILLIAM DEAGLE, TREASURER	1/15/2014
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.