

1.) CORPORATION NAME:

Centreville Presbyterian Church

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VALANNA BRUTON
8390 SYLVAN WAY
CLIFTON, VA 20124**

SCC ID NO: **06748578**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15450 LEE HIGHWAY

CITY/ST/ZIP: CENTREVILLE, VA 20120

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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VALANNA S. BRUTON SECRETARY 8390 SYLVAN WAY CLIFTON, VA 20124	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J ROBIN BROMHEAD MODERATOR 6202 MOUNTAIN SPRING COURT CLIFTON, VA 20124-2322	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A BRUTON III DIRECTOR 8390 SYLVAN WAY CLIFTON, VA 20124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN J DANIEL DIRECTOR 41005 INDIGO PLACE LEESBURG, VA 20175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON L BARFIELD DIRECTOR 5510 BUGGY WHIP DRIVE CENTREVILLE, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W EVANS DIRECTOR 42077 PORCH LIGHT DRIVE ALDIE, VA 20105-2660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY S GARDNER DIRECTOR 13350 LAWRENCE LANE BRISTOW, VA 20136	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA M GERBER DIRECTOR 13511 ACCORD COURT GAINESVILLE, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERI E BISHOP DIRECTOR 6410 BATTLE ROCK DRIVE CLIFTON, VA 20124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN M BOYLES, JR DIRECTOR 6198 HIDDEN CANYON ROAD CENTREVILLE, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD E TREDINNICK DIRECTOR 6809 DERBY RUN WAY GAINESVILLE, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E HUDSPETH DIRECTOR 13508 NORWICK PLACE GAINESVILLE, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM VARDEMAN DIRECTOR 15004 KAMPUTA DR CENTREVILLE, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PROCTOR A GRAYSON DIRECTOR 13901 CRISTO COURT CENTREVILLE, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F STORCH TREASURER 15059 STILLFIELD PLACE CENTREVILLE, VA 20120	<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.

<u>/s/ VALANNA S. BRUTON</u>	<u>VALANNA S. BRUTON,</u>	<u>2/24/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.