

1.) CORPORATION NAME:

Shining Light Community Outreach Foundation

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD A MINARDI
1001 HAXALL POINT 15TH FL
PO BOX 1122**

SCC ID NO: **06764658**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23218-1122

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15640 HAMPTON PARK DRIVE

CITY/ST/ZIP: CHESTERFIELD, VA 23832

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:	JENNI ARTHUR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8000 HAMPTON SPRINGS ROAD		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23832		

NAME:	MARY KAYE COCHRAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14503 BENT CREEK COURT		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		

NAME:	JANE VAUGHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	14420 MISSION HILLS CIRCLE		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23832		

NAME:	DEBBI MCCARTNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	15607 HAMPTON CREST PLACE		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23832		

NAME:	JACKIE NATION	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	16912 HONEYBUSH LANE		
CITY/ST/ZIP/CO:	MOSELEY, VA 23120		

NAME:	PAUL BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5905 ROSEBAY FOREST PLACE		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY CAULDER DIRECTOR 1525 KINGSCROSS ROAD MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB NEWELL DIRECTOR 9301 SQUIRREL TREE COURT CHESTERFIELD, VA 23832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARIN ZEZZA DIRECTOR 2627 WATER RACE COURT MIDLOTHIAN, VA 23112-4272	<input type="checkbox"/> OFFICER	<input checked="" 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/ PAUL BAKER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL BAKER, DIRECTOR PRINTED NAME AND CORPORATE TITLE	2/26/2013 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.			