

1.) CORPORATION NAME:

The Foundation for Community Education

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NOEL MONTESA
9205 GOLF CT
MANASSAS PARK, VA**

SCC ID NO: **06854368**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MANASSAS PARK (FILED IN PRINCE WILLIAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9205 GOLF COURT

CITY/ST/ZIP: MANASSAS PARK, VA 20111

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: STEPHEN P PARSON TITLE: DIRECTOR ADDRESS: 1513 COVENTRY CT CITY/ST/ZIP/CO: BLUFFTIN, SC 29910	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL LOOBY TITLE: PRESIDENT ADDRESS: 9207 POLARIS LANE N CITY/ST/ZIP/CO: MAPLE GROVE, MN 55369	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE KLIMINSKI TITLE: TREASURER ADDRESS: 4 ABINGDON LN CITY/ST/ZIP/CO: OKATIE, SC 29909	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN PARSON TITLE: DIRECTOR ADDRESS: 13 COVENTRY CT CITY/ST/ZIP/CO: BLUFFTON, SC 29910	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN WINDON TITLE: VICE CHAIRMAN ADDRESS: 801 N 11TH ST CITY/ST/ZIP/CO: ST LOUIS, MO 63101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Martha Petty TITLE: DIRECTOR ADDRESS: 15800 N. Columbus Blvd. CITY/ST/ZIP/CO: Tucson, AZ 85739	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Peggy F Sparks TITLE: DIRECTOR ADDRESS: 747 Oneida Drive CITY/ST/ZIP/CO: Birmingham, AL 35214	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Karen Schaub TITLE: DIRECTOR ADDRESS: 1910 County Road B West CITY/ST/ZIP/CO: Roseville, MN 55113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Noel Montesa TITLE: DIRECTOR ADDRESS: 9205 Golf Court CITY/ST/ZIP/CO: Manassas Park, VA 20111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peg Pedersen TITLE: SECRETARY ADDRESS: 628 Cornelia Avenue CITY/ST/ZIP/CO: St. Louis, MO 63119	<input checked="" 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/ Noel Montesa	Noel Montesa, DIRECTOR	8/15/2013
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.		