

1.) CORPORATION NAME:

CORNER STONE CHRISTIAN CENTER, INC.

DUE DATE: **12/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
MICHAEL BLANCHARD
419 WALKER AVE
NORFOLK, VA 23523**

SCC ID NO: **06874366**

5.) STOCK INFORMATION

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

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 419 WALKER AVENUE

CITY/ST/ZIP: NORFOLK, VA 23701-

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: MICHAEL BLANCHARD
TITLE: PRESIDENT
ADDRESS: 419 WALKER AVENUE
CITY/ST/ZIP/CO: NORFOLK, VA 23523-

OFFICER

DIRECTOR

NAME: GEORGE BLANCHARD
TITLE: DIRECTOR
ADDRESS: 419 WALKER AVENUE
CITY/ST/ZIP/CO: NORFOLK, VA 23523-

OFFICER

DIRECTOR

NAME: SHEARON ANDERSON
TITLE: DIRECTOR
ADDRESS: 419 WALKER AVENUE
CITY/ST/ZIP/CO: NORFOLK, VA 23523-

OFFICER

DIRECTOR

NAME: JUAN RAYFORD
TITLE: DIRECTOR
ADDRESS: 419 WALKER AVENUE
CITY/ST/ZIP/CO: NORFOLK, VA 23523-

OFFICER

DIRECTOR

NAME: OTELIA CHERRY
TITLE: DIRECTOR
ADDRESS: 419 WALKER AVENUE
CITY/ST/ZIP/CO: NORFOLK, VA 23523-

OFFICER

DIRECTOR

NAME: JOSEPH BUTLER OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 419 WALKER AVENUE
CITY/ST/ZIP/CO: NORFOLK, VA 23523-

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/ MICHAEL BLANCHARD _____ MICHAEL BLANCHARD, _____ 12/27/2010
SIGNATURE OF DIRECTOR/OFFICER PRESIDENT DATE
LISTED IN THIS REPORT PRINTED NAME AND CORPORATE
TITLE

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.