

1.) CORPORATION NAME:

**Holy Transfiguration Greek Orthodox Church
of Charlottesville, Virginia Inc.**

DUE DATE: **12/31/2011**

SCC ID NO: **06876809**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PETER J CARAMANIS
SCOTT KRONER, PLC
418 E. WATER ST.**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHARLOTTESVILLE, VA 22902

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 PERRY DR

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902

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:	Kerry P Caramanis	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3302 Sandown Park Rd		
CITY/ST/ZIP/CO:	Keswick, VA 22947		
NAME:	Michael Bournos	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	275 Mallard Lake Dr.		
CITY/ST/ZIP/CO:	Earlysville, VA 22936		
NAME:	Mary Stratos	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2165 North Pantops Dr.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22911		
NAME:	Dyan Aretakis	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5065 Brookview Rd.		
CITY/ST/ZIP/CO:	Crozet, VA 22932		
NAME:	Perry Geros	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2617 Huntington Rd.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	Eleni Heesch	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2594 Earlysville Rd.		
CITY/ST/ZIP/CO:	Earlysville, VA 22936		

NAME: Alyn Minnerly TITLE: DIRECTOR ADDRESS: 1508 Trailridge Rd. CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Charles Stratos TITLE: DIRECTOR ADDRESS: 717 Lyons Ave. CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Thomas Vangelopoulos TITLE: DIRECTOR ADDRESS: 1671 Hubbard Ct. CITY/ST/ZIP/CO: Charlottesville, VA 22903	<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/ Kerry PCaramanis	Kerry PCaramanis,	4/23/2012
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.		